

8 CHAIRS

AT
FLY-OVER
need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12/03/07

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

of Robert W. Adams 231304

in a Double-Depth "B" Funeral, date, time 12-19-07 WED 10:00

Church, Chapel Graveside ; FEATHERGRILL 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 2756 Grave 1

Grave space & Care Fund E-9550 <7-9-91> ⊖

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.00

Burial Container PAID _____

Handling Fees _____

Flower vases - Marker setting fee DEC 17 2007 _____

Recording/Filing/Transfer Fees 65.00

Sales taxes MOUNT HOPE CEMETERY _____

Total Due 598.00

Paid receipt number AP04679A 598.00

200586 Balance due ⊖

MAN
SCRIVING
ARMY

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.

Bunje J
Signature

Berkeley King 231303
Print Name

1669 Sovereign Ct
Address

Upland, CA 91784
City Zip Code

(909) 466-9097
Telephone

Invoice # _____

Work Order # E 20500

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request. ✓

Richard Eck 444-9040 son in law

E20500

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-9-91

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

in a DBI-CRYPT Funeral, date, time Fri, 7/12 10:00A.M.

Church, Chapel, Graveside Graveside only; Paris-Fredrick Mortuary.

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

Lot 2756 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	<u>995⁰⁰</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>350.00</u>
Burial Container	<u>330⁰⁰</u>
Handling Fees	<u>320⁰⁰</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>33¹⁰</u>
Total Due	<u>2063¹⁰</u>
Paid receipt number <u>#40970</u>	<u>2063¹⁰</u>
Balance due	<u>0</u>

16 CHAIRS FOR SET UP.

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

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

Signature of recorded holder of deed _____

Robert W. Adams
 Signature _____
 Address 7339 - 602nd St
San Diego
 State CALIF Zip Code 92144
 Telephone 532-7728

Work Order # E 9550

Invoice # _____
Acct. # _____

E 20500

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) ROBERT	1B. MIDDLE WILLIAM	1C. LAST (FAMILY) ADAMS	2. DATE OF BIRTH MONTH, DAY, YEAR 08/14/1915	3. DATE OF DEATH MONTH, DAY, YEAR 12/14/2007	4. SEX M
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5. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BEVERLY E. KING, DAUGHTER 1669 FOXGROVE CT. UPLAND, CA 91784
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT - Person taking permit <i>M. Doming</i>	8B. DATE SIGNED 12/18/2007
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4. ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 12/18/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
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10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 12-19-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wilma J. Wooten</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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 DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.8, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

At Need

Date 12/03/07

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

of Maurice Hocini 231281

In a Slab Funeral, date, time Wed. Dec. 5th 1:00 PM

Church, Chapel, Graveside Prepared 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 167 Grave 1

Grave space & Care Fund E-18135

Overtime/Late Arrival Fees _____

Opening/Closing & Setup P-00690

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 See attached

X First Name _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

N.R.

Work Order # E 20501

Invoice # _____

Acct. # _____



E20501

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/14/03

619
Paid
pre-need
lots

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

of Muslim Organization

In a _____ Funeral, date, time _____

Church, Chapel, Grave site _____ Mortuary _____

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

Lot 165, 166, 167 Grave _____ Row _____ Section Muslim Division/Block _____

Grave space & Care Fund 3 lots @ 605⁰⁰ each 1815⁰⁰

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee NOV 14 2003

Recording and filing fee _____

Sales taxes _____

PAID

MOUNT HOPE CEMETERY

Total Due _____

Paid receipt number R-56001 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.

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

Hamed Iyad
Signature _____
Address _____
City _____ Zip Code _____

Signature of recorded holder of deed _____

Paulotti

Work Order # E 18135

Invoice # _____
Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

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

Burial Container Slab

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Maurice Hocini

Interment Date: 12/5/07 Time: ?

Div: Mus Sect: _____ Blk/Row: _____ Lot: 167 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20501
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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) MAURICE		1B. MIDDLE -	1C. LAST (FAMILY) HOCINI		2. DATE OF BIRTH MONTH, DAY, YEAR 06/25/1954	3. DATE OF DEATH MONTH, DAY, YEAR 12/02/2007	4. SEX M	
5. CITY OF DEATH MURRIETA			5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE RIVERSIDE		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT EMMA HOCINI, WIFE 42990 JOSHUA TREE COURT MURRIETA, CA 92562			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115				7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1746		8A. SIGNATURE OF APPLICANT - Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 12/04/2007
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 198055 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 12/04/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ERIC K. FRYKMAN, M.D.		
10. AUTHORIZED DISPOSITION(S) BURIAL		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA RIVERSIDE HEALTH DEPARTMENT 4065 COUNTY CIRCLE DR RIVERSIDE, CA 92503			9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110			

10. AUTHORIZED DISPOSITION(S) BURIAL				FOR CORONER'S USE ONLY			
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 12-5-07	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103080.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 12-3-07

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

of GRIFFITH, NORMA 231270
 in a DD "A" Funeral, date, time 12:30 WED 10:00 AM
Type of Burial Container
 Church, Chapel Graveside NEAR 11:00 ~~Anderson-Ragland~~ 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 229 Grave 4

Grave space & Care Fund	PAID	3011.00
Overtime/Late Arrival Fees		-
Opening/Closing & Setup	DEC - 3 2007	708.00
Burial Container		712.00
Handling Fees		604.00
Flower vases Marker setting fee <u>HEAVY BURIAL</u>		793.00
Recording/Filing/Transfer Fees		85.00
Sales taxes		55.57

Total Due 5973.57
 Anderson Ragland's Chk 15643
 Paid receipt number 60560 5973.57

Balance due 0

I hereby certify I am the N. 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]

231270
 x Khaltani, Williams
 President
 x PO Box 657
 Address
 City Imperial Beach Zip Code 91933
 Telephone x 619 750-2006

*MORTUARY
will PAY*

N.R.

Work Order # E 20502

Invoice # _____
 Acct. # _____



MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container DD Crypt A

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Norma Griffith

Interment Date: 12/5/07 Time: 10:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 229 Grave: 4

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) NORMA	1B. MIDDLE ALBERTHA	1C. LAST (FAMILY) GRIFFITH	2. DATE OF BIRTH MONTH, DAY, YEAR 12/10/1927	3. DATE OF DEATH MONTH, DAY, YEAR 11/30/2007	4. SEX F
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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 MURPHY E. GRIFFITH, HUSBAND 13533 SILVER LAKE DRIVE POWAY, CA 92064
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329
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ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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>Stennilla Pym</i>	8B. DATE SIGNED 12/5/07
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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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 12/05/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
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10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 12/5/07	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V99e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.8, 7118, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7118.)

At Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/03/07

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

of Linda A. Dyer 23/285

in a liner Funeral, date, time Mon. Dec 10th 11:00

Church, Chapel, Graveside CA BURIAL Mortuary 236 2674

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 _____ Grave 8

Grave space & Care Fund _____ **PAID 230** 2264.-

Overtime/Late Arrival Fees _____ **DEC 6 2007**

Opening/Closing & Setup _____ **MOUNT HOPE CEMETERY** 533.-

Burial Container _____ 270.-

Handling Fees _____ 206.-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 65.-

Sales taxes _____ 20.93

Total Due 3358.93

Paid receipt number APO81666 2072.00

I hereby certify I am the X makes R-60563 of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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
X Telephone

See Attached

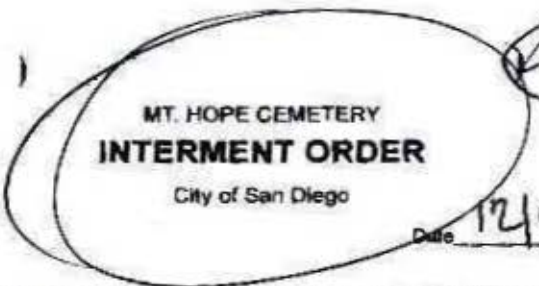
Invoice # _____

Work Order # E 20503

Acct. # _____

E20503

Handwritten: "H need"



Handwritten: "Check Credit card or Cashiers CTRK"

Date 12/03/07

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

of Linda A. Dyer

in a liner Funeral, date, time Mon. Dec 10th 11:00

Church, Chapel, Graveside CA BURIAL Mortuary Fax 296 2674

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$296 2674 will be applied and billed to undersigned.

Division 12 Section 2 Bk/Row _____ Lot 230 Grave 8

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,358.93

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. Alice M. McBride

Alice McBride
First Name
5128 Logan Ave.
Address
San Diego, CA 92114
City
2619-263-7980
Telephone

Work Order # E 20503

Invoice # _____
Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH 0

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

Burial Container Liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Linda A. Dyer

Interment Date: 12/10 Mon. Time: 11:00 Chapel

Div: 12 Sect: 2 Blk/Row: _____ Lot: 230 Grave: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20503

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES: 09-17-11

N4196217

CLASS: C



LINDA ANN DYER
5128 LOGAN AVE
SAN DIEGO CA 92114



SEX: F HAIR: BLK
HT: 5-09 WT: 170

DOB: 09-17-49

Linda Dyer

11/13/2007 613 A2 FD/11

E20503

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

58

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

1A. NAME OF DECEDENT - FIRST (GIVEN) LINDA		1B. MIDDLE ANN		1C. LAST (FAMILY) DYER		2. DATE OF BIRTH MONTH, DAY, YEAR 09/17/1949		3. DATE OF DEATH MONTH, DAY, YEAR 11/23/2007		4. SEX F	
5. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE SAN DIEGO		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ALICE MCBRIDE, MOTHER 23128 5128 LOGAN AVE SAN DIEGO, CA 92114					
6. 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 FD1357		8A. SIGNATURE OF APPLICANT - Person taking permit Victoria Mitchell			8B. DATE SIGNED 12/4/07
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 11.00		9B. DATE PERMIT ISSUED 12/04/2007		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD			
7. 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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA						

10. AUTHORIZED DISPOSITION(S) BU					FOR CORONER'S USE ONLY						
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102			11B. DATE BURIED 12/7/07		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Michael S. Justice			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -			12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -			13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

Pre-need
 to at need

City of San Diego

Date 12/03/07

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

of For Arther Felton 231306

In a D.D. CRYPT-A Funeral, date, time Friday 21 Dec. 1:00

Church, Chapel, Graveside WMS 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 11 Section 1 Blk/Row w Lot 145 Grave 3

Grave space & Care Fund 2264.-

Overtime/Late Arrival Fees

Opening/Closing & Setup 533.-

Burial Container 539.-

Handling Fees 454.-

Flower vases - Marker setting fee

Recording/Filing/Transfer Fees 65.-

Sales taxes 41.77

PAID

DEC 17 2007

MOUNT HOPE CEMETERY

Total Due 3896.77

Paid receipt number P-01059 802.00

R-60587 Balance due 3096.77

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

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

Jence Hathaway
 Signature

X Jence Hathaway
 Print Name
X 30197 Beeswing Circle
 Address
X Menifee CA 92584
 City Zip Code
X 951 678-7544
 Telephone

Work Order # E 20504

Invoice # _____
 Acct. # _____

Florea Felton
4943 Bunnell St.
San Diego Ca 92113
619 262-7419

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container DDA

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Arther Felton

Interment Date: 1 Time: 1:00 Church

Div: 11 Sect: 1 Blk/Row: ~ Lot: 145 Grave: 3

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20504

APPLICATION 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 WILLIAM	1C. LAST (FAMILY) FELTON JR.	2. DATE OF BIRTH MONTH, DAY, YEAR 07/17/1930	3. DATE OF DEATH MONTH, DAY, YEAR 12/17/2007	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 HATHAWAY, NIECE 30197 BEESWING CIRCLE MENIFEE, CA 92584		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1575		8A. SIGNATURE OF APPLICANT - Person taking permit <i>[Signature]</i>	
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 12/19/2007	

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 12/19/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
--	------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 12/21/07	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*At Need
NO - CHAIRS*

Date 12/4/07

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

of Rosalie Winston # 230088

In a ASH VAULT Funeral, date, time 12/07/07 Friday

Church, Chapel, Graveside Witness (A BURIAL) Mortuary J

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 E-15824 Lot 179 Grave 1

Grave space & Care Fund 0

Overtime/Late Arrival Fees (7-14-2000)

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 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 See E-15824

619-264-0442

Work Order # E 20505

Invoice # _____

Acct. # _____ ✓

E20505

PRE-NEED
Lot + Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-14-00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROSALIE WINSTON Pin# 230088 in a ASH VAULT Funeral, date, time _____ Church, Chapel, Graveside CA BURIAL Mortuary. All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned.

Lot 179 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>300.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>105.00</u>
Burial Container	<u>55.00</u>
Handling Fees	<u>60.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>4.26</u>
Total Due	<u>569.26</u>
Paid receipt number <u>R-52669</u>	<u>569.26</u>
Balance due	<u>0</u>

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

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

Signature of recorded holder of deed

X Barbara J. Hayes
Signature
21745 Brookline St.
Address
S.D. 92102
City Zip Code
619-264-0442
Telephone

Work Order # E 15824

Invoice # _____
Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Ash Urn

			X	JIMMIE THOMAS		

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Rosalie Winston

Interment Date: Friday 12-7 Time: 2:45

Div: 12 Sect: 2 Blk/Row: _____ Lot: 179 Grave: 1

Grave Laid out by: Ken

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20505

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

10132-03

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

1A. NAME OF DECEDENT - FIRST (GIVEN) ROSALIE	1B. MIDDLE -	1C. LAST (FAMILY) WINSTON	2. DATE OF BIRTH MONTH, DAY, YEAR 06/10/1912	3. DATE OF DEATH MONTH, DAY, YEAR 11/18/2007	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 BARBARA HAYES, DAUGHTER 1745 BROOKLINE ST. SAN DIEGO, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1357	8A. SIGNATURE OF APPLICANT - Person taking permit <i>[Signature]</i>		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 11/20/2007			

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 11/20/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -- IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -- IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT LOCAL FORMER		

10. AUTHORIZED DISPOSITION(S) **CREMATION/ BURIAL**

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 12-7-07	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 11-23-07	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 12/04/07

Pre-need
Lot/Trust

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

of for Mary Louise Gastelum Walker

in a Top Seat 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 1 Blk/Row W Lot 84 Grave 4

Grave space & Care Fund 2,264.00

Overtime/Late Arrival Fees **PAID** 533.00

Opening/Closing & Setup 355.00

Burial Container 263.00

Handling Fees 178.00

Flower vases - Marker setting fee 65.00

Recording/Filing/Transfer Fees 27.51

Sales taxes 3,685.51

Total Due 3,685.51

Paid receipt number P-81061 1,178.00
P-81062 3,507.51

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. 281 288

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

Regina M. Leon
Signature

REGINA M. LEON
Print Name
4546 52st #207
Address
San Diego CA 92115
City Zip Code
619-255-7522
Telephone

Pucke

Work Order # E 20506

Invoice # _____
Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 12-5-01

*AT WED
14 CHAIRS*

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

of McCLEARY, LATICIA M. *150*

In a T.S. Funeral, date, time 12-14 5:00 PM

Church, Chapel Graveside ROSSAIA Mortuary Cypressview Mausoleum

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

Division 11 Section 2 Blk/Row 5 Lot 5 Grave 12

Grave space & Care Fund E-15259

Overtime/Late Arrival Fees 0

Opening/Closing & Setup E-15259

Burial Container 539.-

Handling Fees 454.-

Flower vases - Marker setting fee 0

Recording/Filing/Transfer Fee 0

Sales taxes 0

Total Due 0

Paid receipt number 0 Balance due 0

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

Signature [Signature]

Print Name Sylvia L. Dunbar
Address 133 Old Oak Dr.
City San Diego Zip Code 92114
Telephone 619 589 2904

Work Order # E 20507

Invoice # _____
Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*At need
S.D. Res.*

Date 12/10/07

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

of EDNA SPENCER 23/280
In a Liner Funeral, date, time Weds DEC 12th 1130

Church Chapel, Graveside Mortuary Bishop 619-466-4462
Methodist Baptist
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 2 Lot 8 Grave 7

Grave space & Care Fund 1132.00

Overtime/Late Arrival Fees

Opening/Closing & Setup 266.50

Burial Container 135.00

Handling Fees 103.00

Flower vases - Marker setting fee DEC 11 2007

Recording/Filing/Transfer Fees 32.50

Sales taxes 10.47

MOUNT HOPE CEMETERY

Total Due 1,679.47

Paid receipt number R-100574 1,679.47

Balance due 0

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

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

T. J. Spencer
Signature

23/279
 TIFFANY Lager
First Name
 8110 Lemon Grove way #17
Address
Lemon Grove CA. 91765
City
 619-466-687
Telephone
Zip Code

Invoice # _____

Work Order # E 20508

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

LOW INCOME ☐ Print on recycled paper

FROM

(THU) NOV 29 2007 14:58:57.14:58/MO. 78000000

Bishop



THE CITY OF SAN DIEGO

MT. HOPE CEMETERY
LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services to the public. Fee waivers are meant for those who are financially unable to afford to participate in a program. All persons submitting a fee waiver are required to submit verification of income and proof of residency as proof of qualification.

Name of Deceased: Edna Spencer

Address: 5869 Streamview Dr

City: San Diego State CA Zip Code 92105

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

Annual Income		Annual Income	
<u>X</u>	(1) \$14,400	_____	(4) \$39,980
_____	(2) \$23,590	_____	(5) \$47,180
_____	(3) \$32,390	_____	(6) \$55,180

For larger families, add \$8,000 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that person's household. Please submit the deceased's current internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Anne Broman Sister 12/3/07
Signature Relationship Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

Approved by Date

Current _____ Documents verified on _____

Approved By _____

Date _____



15yr old

E20508

E20508

CALIFORNIA
COMMERCIAL DRIVER LICENSE CLASS: B
EXPIRES: 02-14-11 A4221495 ENDORS: P



EDNA SPENCER
P.O. BOX 12604
SAN DIEGO CA 92112

SEX: F HAIR: BLK EYES: BLU
HT: 5-04 WT: 250 DOB: 02-14-62

RSTR: 64



04/06/2006 212 DL F0711

E20508

GEICO

ONE GEICO BOULEVARD
FREDERICKSBURG, VA 22412-0001

RECORDED
SERIALIZED
AUG 15 1985



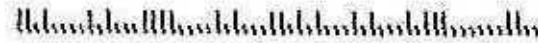
BILL ENCLOSED

EDNA SPENCER
5869 STREAMVIEW DR APT 1
SAN DIEGO CA 92105-3952



**IMPORTANT INSURANCE POLICY
INFORMATION: OPEN IMMEDIATELY**

253 HMCXNS1 92105



E20508

SSN: 509-70-6666 NAME: EDNA SPENCER

005450

DATE ISSUED: 11/30/07 PAGE 1

--- PLEASE DISREGARD THE FORM ON THE BACK OF THIS STUB - DO NOT RETURN

DETACH AND SEE REVERSE SIDE

DETACH THIS STUB FOR YOUR RECORDS - REMUEVA ESTE TALÓN PARA SU RECORD PERSONAL

KEEP THIS STATEMENT FOR YOUR RECORDS.

DATE ISSUED 11/30/07

SSN: 509-70-6666 NAME: EDNA SPENCER

CLAIM EFFECTIVE DATE: 02/29/07

WEEKLY RATE: \$040.00

WEEKLY RATE IS FOR 7 DAYS

EXCEPT FOR THE MANDATORY 7-DAY WAITING PERIOD, YOU WILL BE PAID FOR EVERY DAY YOU ARE ELIGIBLE FOR BENEFITS, INCLUDING WEEKENDS.

IF YOU ARE NOT PAID FOR ANY DAYS, YOU WILL BE NOTIFIED WHAT DAYS WERE NOT PAID AND WHY THEY WERE NOT PAID IN THE MESSAGE AREA BELOW. THE OFFICE PROCESSING YOUR CLAIM IS:

EMPLOYMENT DEVELOPMENT DEPARTMENT

TELEPHONE: (800) 480-5287

PO BOX 120831

SAN DIEGO CA 92112-0831

THE ATTACHED CHECK IS FOR STATE DISABILITY INSURANCE FOR THE FOLLOWING PERIOD(S): 11/09/07 THROUGH 11/28/07.

NO. OF DAYS	BENEFIT AMT.	AMT. DEDUCTED	AMT. PAID
20	\$1828.57	\$0.00	\$1828.57

MESSAGE-AREA

IMPORTANT NOTICE: IF YOU DO NOT UNDERSTAND ANY FORM SENT TO YOU BY THIS OFFICE, CONTACT US FOR ASSISTANCE AT THE TELEPHONE NUMBER SHOWN ON THE CHECK STATEMENT.



E20508

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

49

1A. NAME OF DECEDENT - FIRST (GIVEN) EDNA	1B. MIDDLE -	1C. LAST (FAMILY) SPENCER	2. DATE OF BIRTH MONTH, DAY, YEAR 02/14/1962	3. DATE OF DEATH MONTH, DAY, YEAR 11/28/2007	4. SEX F
---	-----------------	-------------------------------------	---	---	--------------------

5A. CITY OF DEATH SAN DIEGO	6B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE SAN DIEGO	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ANNIS BROWN, SISTER 1501 E 12TH STREET GLENA, KS 66739
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BISHOP MORTUARY, 3444 CITRUS STREET LEMON GROVE, CA 91945		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1673

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on 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.

8A. SIGNATURE OF APPLICANT - Person taking permit: *Katerina Lamar*

8B. DATE SIGNED: **12/07/2007**

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 12/07/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT, ENTER DISTRICT		

13. AUTHORIZED DISPOSITION(S): **BURIAL**

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 12/12/07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Whit J. J...</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.5, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 12/10/07

*At Need
8 chairs*

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

of Sofia Walker 22192

In a LINCR Funeral, date, time FRI DEC 14 2PM
Type of Burial Container

Church, Chapel, Graveside Featheringill Mortuary.

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

Division 10 Section ~ Blk/Row ~ Lot 3327 Grave 1

Grave space & Care Fund E000525 ⊖

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.00

Burial Container 270.00

Handling Fees 206.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 65.00

Sales taxes 20.93

PAID

DEC 12 2007

MOUNT HOPE CEMETERY
Paid to number R-00571 1094.93
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 dead.
[Signature]
Signature

DAVID WALKER
First Name
917 DETUNE AVE.
Address
Santa Rosa CA 95404
City Zip Code
707-829-1228
Telephone

Work Order # E 20509

Invoice # _____
Acct. # _____ ✓

E20509
93

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) SOFIA	1B. MIDDLE DOLORIS	1C. LAST (FAMILY) WALKER	2. DATE OF BIRTH MONTH, DAY, YEAR 04/29/1914	3. DATE OF DEATH MONTH, DAY, YEAR 12/05/2007	4. SEX F
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CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DAVID WALKER, SON 917 DETURK AVE. SANTA ROSA, CA 95404
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Mc Donig</i>	8B. DATE SIGNED 12/10/2007
---	---	--	--------------------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is in accordance with the provisions 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 12/10/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
---	---	--	---	--

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
--	---

10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
--	------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 12-14-07	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7118.)

MT. HOPE CEMETERY
INTERMENT ORDER

At need

City of San Diego

Date 12/6/07

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

of EARL G. Moore 231282

in a Linci

Funeral, date, time Dec 11, 2007 Tues. 11:00

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 11 Section 1 Blk/Row w Lot 38 Grave 11

Grave space & Care Fund 2264.-

Overtime/Late Arrival Fees 533.-

Opening/Closing & Setup 270.-

Burial Container 206.-

Handling Fees 65.-

Flower vases - Marker setting fee 20.93

Recording/Filing/Transfer Fees 3,358.93

Sales taxes 20.93

Total Due 3,358.93

Paid receipt number R-60570 3,358.93

Balance due 0

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

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

+ Rachel A. Moore
 Signature

231282
 + RACHEL A. MOORE
 Print Name

+ 1361 Wyconda Way
 Address

+ SAN DIEGO 92113
 City Zip Code

+ 619-266-3259
 Telephone

Telephone

Telephone

Telephone

Telephone

Invoice # ✓

Acct. # ✓

Work Order # E 20510

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Ø

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

Burial Container

Liner

			X			

Flagged

Yes

No

Blind check initiated by:

Date:

Interment space for:

Earl G. Moore

Interment Date:

12/11/07

Tues.

Time:

11:00

Div:

11

Sect:

1

Blk/Row:

Lot:

38

Grave: 11

Grave Laid out by:

Norman Ferguson

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Date

Cremains were placed at:

of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS ⁶⁹

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

1A. NAME OF DECEDENT - FIRST (GIVEN) EARL	1B. MIDDLE G	1C. LAST (FAMILY) MOORE	2. DATE OF BIRTH MONTH, DAY, YEAR 11/19/1938	3. DATE OF DEATH MONTH, DAY, YEAR 12/03/2007	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 RACHEL A MOORE, WIFE 1361 WYCONDA WAY 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 FD1357	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Victoria Mitchell</i>		8B. DATE SIGNED 12/10/07

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	8A. AMOUNT OF FEE PAID 11.00	8B. DATE PERMIT ISSUED 12/10/2007	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S): **BU**

FOR CORONER'S USE ONLY

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 12-11-07	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*At need
Res. fee*

Date 12/7/07

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

of Sabrina Johnson 231297

In a Liner Funeral, date, time Wednesday Dec 12 ^{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 EJ 1 Bk/Row W Lot 74 Grave 11
122 7

Grave space & Care Fund 2264.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.00

Burial Container 270.00

Handling Fees 206.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 65.00

Sales taxes 20.93

Total Due 3,358.93

Paid receipt number R-60582 3,358.93

Balance due 0

*Mort. 2 pay
Fax 280 2674*

PAID
DEC 12 2007
MOUNT HOPE CEMETERY

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.

Enka Johnson
Signature

X Enka Johnson 231297

Print Name _____
Address _____
City 914-606-2513 Telephone _____ Zip Code _____
See Attached

Work Order # E 20511

Invoice # _____
Acct. # _____

E20511

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

			X			

Flagged Yes No

Blind check Initiated by: Date:

Interment space for: Sabrina Johnson

Interment Date: WEDS 12/1 Time: 11:00 Chapel

Div: 12 Sect: 2¹ Blk/Row: Lot# 74 Grave: T 11

Grave Laid out by: Norman Perqueen

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Date

Cremains were placed at: of grave

E20511

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) SABRINA		1B. MIDDLE GERMAIN		1C. LAST (FAMILY) JOHNSON		2. DATE OF BIRTH MONTH, DAY, YEAR 08/20/1967		3. DATE OF DEATH MONTH, DAY, YEAR 11/30/2007		4. SEX F	
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE SAN DIEGO		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ERICKA JOHNSON, DAUGHTER 5674 ANDROS PLACE #8 SAN DIEGO, CA 92115					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115						7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1357		8A. SIGNATURE OF APPLICANT - Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 12/12/2007
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 11.00		9B. DATE PERMIT ISSUED 12/12/2007		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD		
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 SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -						

10. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

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 12-12-07		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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103080.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*At Need
8 chairs*

Date December

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

of Reynalda Martinez 231290

In a Casket Funeral, date, time Tues. Dec. 11, 2007

Church, Chapel, Graveside St. Jude's Anderson / Papageorge 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 4 Blk/Row w Lot 33 Grave 6

Grave space & Care Fund \$ 2,264.00

Overtime/Late Arrival Fees —

Opening/Closing & Setup PAID 533.00

Burial Container 270.00

Handling Fees DEC - 7 2007 206.00

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY 65.00

Sales taxes 20.93

Total Due 3,359.93

Mortuary 2 pay

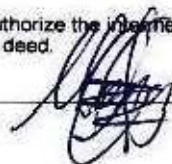
Payment receipt number A-60569
Balance due 3,359.93

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.

231289
MONICA ARREDONDO
First Name
13215 GAROLAN AVE.
Address
SAN DIEGO, CA 92129
City
(619) 857-0382
Telephone

Signature



Invoice # _____ ✓

Acct # _____

Work Order # E 20512

E20512

591

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) REYNALDA	1B. MIDDLE ORTIZ	1C. LAST (FAMILY) MARTINEZ	2. DATE OF BIRTH MONTH, DAY, YEAR 01/06/1948	3. DATE OF DEATH MONTH, DAY, YEAR 12/06/2007	4. SEX F
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5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MONICA ARREDONDO, DAUGHTER 13215 CAROLEE AVENUE SAN DIEGO, CA 92129
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329	8A. SIGNATURE OF APPLICANT - Permitting permit <i>Stennilla Kray</i>	8B. DATE SIGNED 12/10/07
--	---	---	------------------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 12/10/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
--	--

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
--	-------------------------------

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 12/01/07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wahid J. Amth</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At need

Date 12/10/07

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

of Jonathan West 231295
 in a Double-Crypt "A" Funeral, date, time Friday Dec 14, 2007
Type of Final Container
 Church Chapel Graveside _____; CA BURIAL Mortuary _____
619) 479-2747

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 218 Grave 10
 Grave space & Care Fund 3,011.⁰⁰

Overtime/Late Arrival Fees _____
 Opening/Closing & Setup 708.⁰⁰

Burial Container 717.⁰⁰

Handling Fees 604.⁰⁰
 Flower vases - Marker setting fee 178.⁰⁰

Recording/Filing/Transfer Fees 5557
 Sales taxes 85.-

PAID
DEC 13 2007

Total Due 5,358.57
 Paid receipt number R-00578 5,358.57
 Balance due 0

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

I hereby authorize the interment in lot I hold under deed
 Signature X Yvonne C West
 Print Name YVONNE C WEST
 Address 765 Paradise Way
 City NATL City
 Telephone 619-479-4498
919

Work Order # E 20513 Invoice # _____ Acct. # _____ ✓

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container DDCRYPT A

			X			

Flagged Yes No

Blind check initiated by: Date:

Interment space for: Jonathan West

Interment Date: Dec 14, 2007 Time: 11:30

Div: 12 Sect: 2 Blk/Row: Lot 218 Grave: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Date

Cremains were placed at: of grave

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*Sor Low
4 changes*

N-R

Date Dec. 10, 2007

231 293

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

of Satoko Sato 18m

in a ash vault Funeral date, time Fri. Dec. 14, 2007

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 4924 Grave 1

Grave space & Care Fund D3983 0

Overtime/Late Arrival Fees 0

Opening/Closing & Setup E 18548 0

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording/Filing/Transfer Fees 0

Sales taxes 0

*w/ 5903 to
install to
foundation*

Total Due 0

Paid receipt number _____

Balance due 0

I hereby certify I am the Ronald T. Sato (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.

Ronald T. Sato

RONALD T. SATO

Print Name

18631 AVENUE CAFFRI

Address

LUTZ, FL 33558

City Zip Code

(813) 949-5883

Telephone

Invoice # _____

Acct. # _____

Work Order # E 20514

REA-104 (3-04)

45 WAKAE 426-2714 11-10-04 This information is available in alternative formats upon request.

Printed on recycled paper

E20514

✓
Pre
req
Just

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

06-24-04A09 Date RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenji Sato Ko, Randall K. Sato

in a Admiral's 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 4904 Grave 1

Grave space & Care Fund D 3983 ⊖

Overtime/Late Arrival Fees **PAID**

Opening/Closing & Setup 116 x 3 348.00

Burial Container 66 x 3 183.00

Handling Fees 66 x 3 198.00

Flower vases - **MOUNT HOPE CEMETERY**

Recording/Filing/Transfer Fees 50 x 3 150.00

Sales taxes 4.73 x 3 14.19

Total Due 893.19

Paid receipt number R 57707 893.19

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.

KENJI SATO
Print Name
327 KIMBALL TERRACE
Address
LAJOLLA VISTA CA 92037
City
619-420-4279 Zip Code
Telephone

Signature
Tan

Work Order # E 18548

Invoice # _____
Acct. # _____

E20514

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container _____

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Sato Ko Sato

Interment Date: Fri - 12-14-07 Time: 1:00 pm

Div: 10 Sect: _____ Blk/Row: _____ Lot: 4964 Grave: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

89796

E20514

ACM

687

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 83

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

1A. NAME OF DECEDENT - FIRST (GIVEN) SATOKO	1B. MIDDLE THELMA	1C. LAST (FAMILY) SATO	2. DATE OF BIRTH MONTH, DAY, YEAR 05/10/1924	3. DATE OF DEATH MONTH, DAY, YEAR 12/01/2007	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 KENJI SATO, HUSBAND 327 KIMBALL TERRACE CHULA VISTA, CA 91910	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL-IMPERIAL AVE, 3953 IMPERIAL AVE SAN DIEGO, CA 92113			7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD-670		8A. SIGNATURE OF APPLICANT - Person (using permit) <i>[Signature]</i>
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is in 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 12/11/2007		
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. <small>NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA</small>		9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 12/10/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - <small>IF DEATH OCCURRED IN CALIFORNIA</small> SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small> -		

10. AUTHORIZED DISPOSITION(S)
CR/BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 12-14-07	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 DEC 12 2007	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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 DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V99e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

At need
Non-Res

Date 12/10/07

231278

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

of Simon Paul Nona (infant)

in a O-Liner Funeral, date, time Weds. Dec 12th 10:00

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 9 Section 1 Blk/Row _____ Lot 853 Grave 1

Grave space & Care Fund 188.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 297.00

Burial Container 133.00

Handling Fees 48.00

Flower vases - Marker setting fees 85.00

Recording/Filing/Transfer Fees _____

Sales taxes 10.31

PAID

DEC 10 2007

MOUNT HOPE CEMETERY

Total Due 701.31

Paid receipt number R-60573 701.31

Balance due 0

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

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

Signature [Handwritten Signature]

231277
Print Name REMON NONA
Address 1028 MEADOWLAKE LN
LAKEELS, MORE CA 92530
City _____ Zip Code _____
Telephone 951 678-8877-951 678 0730

Work Order # E 20515

Invoice # _____
Acct. # _____ ✓

E20515

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Ø Liner?

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Simon Paul Abna

Interment Date: Dec 12th Time: 10:00 Graveside

Div: 9 Sect: 1 Blk/Row: _____ Lot: 853 Grave: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

Lots 847 thru 858 Section 1 Division 9

	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	REI
347 ^v	MEALS, Corrita T.	MEALS, Sonny	5/14/1980	40.00	5/19/1980	E-1415	
348 ^v	JACKMAN, Betheral Y.	JACKSON, Louise	1/12/1974	35.00	1/15/1974	D-3963	
349	E-16097						
350 ^v	Clark, Shalamar Nicole	Wright, Anntonia	05/26/1988	\$100.	05/26/1988	E-7444	
351							
352							
353	E-20515						
354							
355							
356							
357 ^v	GALE, Tyrone Ali	GALE, Tyrone D.	3/10/1983	\$75.	3/15/1983	E-3600	
358 ^v	PRESFIELD, Cassandra	MORGAN, James	1/27/1981	40.00	1/29/1981	E-2073	

E20515

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) SIMON	1B. MIDDLE PAUL	1C. LAST (FAMILY) NONA	2. DATE OF BIRTH MONTH, DAY, YEAR 11/30/2007	3. DATE OF DEATH MONTH, DAY, YEAR 11/30/2007	4. SEX M
--	---------------------------	----------------------------------	---	---	--------------------

5. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT REMON NONA, FATHER 1028 MEADOWLAKE LANE LAKE ELSINORE, CA 92530
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1746
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ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103095 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 12-11-07
---	--	------------------------------------

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 12/11/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
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10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12-12-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norm 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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R. 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 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.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7064.6, 7116, 7117, AND 103080.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

12 chairs
At Need

Date 12/10/07

231301

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

of Abigail Edith Chairez Gonzalez lyr 1/2

In a OK Funeral, date, time Thurs Dec 13 11:00

Church, Chapel Graveside AZTLAN Mortuary OSCAR

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

Division 9 Section 2 Blk/Row _____ Lot 345 Grave 1

Grave space & Care Fund 277.00

Overtime/Late Arrival Fees

Opening/Closing & Setup 277.00

Burial Container 46" L x 21" W x 18" H 135.00

Handling Fees 71.00

Flower vases Marker setting 114.00

Recording/Filing/Transfer Fees 65.00

Sales taxes 10.46

Total Due 949.46

PAID R-60572 949.46

Balance due 0

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

231300

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

Victor U. Chairez
Signature

VICTOR U. CHAIREZ FRANCO
Print Name

X 4424 47 ST
Address

X APTO # 5 SAN DIEGO
City Zip Code

619-8671344 - 92115
Telephone

Work Order # E 20516

Invoice # _____
Acct. # _____ ✓

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container OX

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Abigail Edith Chairez Gonzalez

Interment Date: Thurs. Time: 11:00 Graveside

Div: 9 Sect: 2 Blk/Row: _____ Lot: 345 Grave: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20516
1-4mos

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) ABIGAIL	1B. MIDDLE EDITH	1C. LAST (FAMILY) CHAIREZ GONZALEZ	2. DATE OF BIRTH MONTH, DAY, YEAR 08/03/2006	3. DATE OF DEATH MONTH, DAY, YEAR 12/09/2007	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 EDITH CHAIREZ GONZALEZ, MOTHER 4424 47TH ST SAN DIEGO, CA 92115	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941			7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1658		8. SIGNATURE OF APPLICANT <i>[Signature]</i>
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 12/12/2007		

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 12/12/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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 SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 12/13/2007	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*At need
12 chairs*

Date 12/11/07

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

of Cherline Williams 231299

In a Liner Funeral, date, time Thurs. Dec. 13, 2007 11:00

Church Chapel Graveside CA Bunal 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 14 Grave 1

Grave space & Care Fund 1132.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup PAID 266.50

Burial Container 135.00

Handling Fees DEC 11 2007 103.00

Flower vases - Marker setting fee _____

Recording/Filling/Transfer Fees 32.50

Sales taxes 10.47

Total Due 1679.47

CHK # 4344 Paid receipt number 60576 1679.47

daughter Balance due 0

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

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

Linda Carter Linda Carter

Print Name Linda Carter

Address 231299
13535 Monroe Ave. #49

City San Diego, CA 92116

Telephone (619) 640-8700 Zip Code _____

Invoice # _____ Acct. # _____

Work Order # E 20517

REA-104 (3-04) This information is available in alternative formats upon request.

LOW-INCOME Printed on recycled paper

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

			X			

Flagged Yes No

Blind check Initiated by: Date:

Interment space for: Cherline Williams

Interment Date: 12/13/07 Time: 11:00 Chapel

Div: 11 Sect: 2 Blk/Row: Lot: 14 Grave: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Date

Cremains were placed at: of grave



E20517

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY
LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services to the public. Fee waivers are meant for those who are financially unable to afford to participate in a program. All persons submitting a fee waiver are required to submit verification of income and proof of residency as proof of qualification.

Name of Deceased: Cherline Williams

Address: ~~XXXXXXXXXX~~ 5181 Castana Street

City: San Diego State CA Zip Code 92114

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

<input checked="" type="checkbox"/> Annual Income	Annual Income
<input type="checkbox"/> (1) \$14,400	<input type="checkbox"/> (4) \$39,980
<input type="checkbox"/> (2) \$23,590	<input type="checkbox"/> (5) \$47,180
<input type="checkbox"/> (3) \$32,350	<input type="checkbox"/> (6) \$55,180

For larger families, add \$8,000 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that person's household. Please submit the deceased's current internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security-Award/Benefit letter.

Residency is the residence of the deceased prior to entering a terminal care facility, hospice and/or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Linda Carter daughter Dec. 6, 2007
Signature Relationship Date
CDL C0860753 9-2-08

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

[Signature] Approved by 12/11/07 Date

Current SSA Documents verified on: 12/14/07

Approved By [Signature]
Date 12/11/07

Mt. Hope Cemetery

Community Parks | Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403



Social Security Administration

Date: December 11, 2007
Claim Number: [REDACTED]

Name: CHERLINE WILLIAMS

CHERLINE WILLIAMS
5181 CASTANA ST
SAN DIEGO, CA 92114-3602

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Other Important Information

For the period 01/01/07 to 12/01/07 you received a total of \$8436.00 in Supplemental Security Income benefits.

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 619-267-1175. We can answer most questions over the phone. You can also write or visit any Social Security office. Your closest office is located at:

SOCIAL SECURITY ADMINISTRATION
GROUND FLOOR
2530 E PLAZA BOULEVARD
NATIONAL CITY, CA 91950

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Office Manager 

SSN: 570-50-3136A1

NAME: CHERLINE WILLIAMS

Payment dates and amounts are as follows:

Month	Payment	Month	Payment	Month	Payment
01/01/07	\$703.00	05/01/07	\$703.00	09/01/07	\$703.00
02/01/07	\$703.00	06/01/07	\$703.00	10/01/07	\$703.00
03/01/07	\$703.00	07/01/07	\$703.00	11/01/07	\$703.00
04/01/07	\$703.00	08/01/07	\$703.00	12/01/07	\$703.00

E20517



State of
California

Benefits
Identification

ID No. 92405935C55055 Card

CHERLINE WILLIAMS

F 08 10 1936 Issue Date 02 24 05

E20517

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

71

1A. NAME OF DECEDENT - FIRST (GIVEN) CHERLINE	1B. MIDDLE -	1C. LAST (FAMILY) WILLIAMS	2. DATE OF BIRTH MONTH, DAY, YEAR 08/10/1936	3. DATE OF DEATH MONTH, DAY, YEAR 12/05/2007	4. SEX F
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5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CHARLES SLOAN, BROTHER 4335 COPELAND AVE SAN DIEGO, CA 92105
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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 FD1357	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Victoria Mitchell</i>	8B. DATE SIGNED 12/10/07
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103005 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 12/10/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY IN CALIFORNIA -
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10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED 12-13-07	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R. 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/18/07

*pre-need
disinterment & reinterment
with*

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

of Katie Mary Gardner

In a Belliner 4DDCRYPT "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 10 Section _____ Blk/Row _____ Lot 3538 Grave 1

Grave space & Care Fund _____

Overtime/Late Arrival Fees Disinterment 1419

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 65.00

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 _____
Signature

X _____
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

Work Order # E 20518

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 12/13/07

*pre-need
trust lot/trust*

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

of For: Fonda Brown

in a Top Seal 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 12 Section 2 Bk/Row ~ Lot 246 Grave 0

Grave space & Care Fund 2264.-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.00

Burial Container 355.00

Handling Fees 263.00

Flower vases → Marker setting _____

Recording/Filing/Transfer Fees 65.00

Sales taxes 27.51

Total Due 3507.51

Paid receipt number P-01076 687.00

Balance due 2,820.51

PAID

JAN 14 2008

*P-01104
\$2,820.51*

MOUNT HOPE CEMETERY

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

231308
228532 **AGGIE W. LARUE**
X Tyrone Brown

I hereby authorize the interment in lot 228532 hold under deed

Print Name #2
X 3288 - EL CAYON BLVD
Address
X SAN DIEGO - CA - 92104
City Zip Code
X 619-865-2374 / 619-640-4477
Telephone

Y [Signature]

Work Order # E 20519

Invoice # _____
Acct. # _____

12/26 Coupons mailed 1/16/08 deed mailed

Pin231308/228532

E-20519

Brown, Tyrone & Larue, Aggie W. 3288 El Cajon Blvd #2, SD CA 92104

619-865-6374

619-640-4477

1k, 2, 246, 6

12/18/2007 Pd down on lot/trust for Fonda Brown

DEBIT

CREDIT

BALANCE

Lot \$2264, o/c \$533, b/c \$355, h/f \$263, r/f fee \$65

2264.00

2264.00

sales tax on top seal vault \$27.51 P-01076.

1248.51

3507.51

687.00

2820.51

1/14/08 P-01104 Coupon 1-24 paid in fuel

2,820.51

0

PAID

JAN 14 2008

MOUNT HOPE CEMETERY

~~A.H.~~

01-10-08

Please send Receipt
Paid \$

Ivonne K. Brown
Aggie W. Laker

3288 El Cajon Blvd. #2
San Diego, Calif. 92104

Thank you:
I. Brown
A. Laker

All Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-20519

Tyrone N. Brown
Aggie W. Larue
3288 El Cajon Blvd #2
San Diego, CA 92104

OK # 1120

Payment Number:	24	Payment Due Date:	12/13/2009
Payment Amount:	117.55	Amount Enclosed:	2820.51
Payment after 12/23/2009:	117.55		
Bal. After This Payment:	0.00	<i>For answers to billing questions, please call 619-527-3400. Thank you.</i>	
Payments Remaining:	0.00		

P.L. English Aggie Larue

E20520

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

At Need.
14 chairs

Date 12/13/07

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

of LATICIA M. McCleary 231256

in a Double-Depth Crypt A Funeral, date, time FRIDAY Dec. 14 1:00

Church, Chapel Graveside Cypressview Mortuary Robert

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 5 Grave 12

Grave space & Care Fund E-15259 paid 9/7/1999 Ⓢ

Overtime/Late Arrival Fees _____

Opening/Closing & Setup E-15259 paid 0

Burial Container E-15259 (250.00) diff 289.00

Handling Fees E-15259 (185.00) diff 269.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes PAID E-15259 (19.38) diff 22.39

DEC 13 2007

Total Due 580.39
Paid receipt number AP09442A 580.39

Balance due 0

MOUNT HOPE CEMETERY

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.

Jennifer Davis
Signature

Jennifer Davis
First Name
1105 Dogwood
Address
St. Robert, MO 65584
City
573-336-2158
Telephone
Zip Code

Work Order # E 20520

Invoice # _____
Acct. # _____

E 20521

Not included

with this

Spindle:

E20500 _ E20599

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 12/13/07

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

of Byars Vicino ~~231310~~ 231310

In a ASH VAULT Funeral, date, time Dec 26, Weds 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 5 Section 1 Blk/Row ~ Lot 41 Grave A

Grave space & Care Fund 426.-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 149.-

Burial Container 79.-

Handling Fees 85.-

Flower vases - Marker setting fee DEC 1 3 2007 _____

Recording/Filing/Transfer Fees 65.-

Sales taxes MOUNT HOPE CEMETERY 6.12

Total Due 810.12

Paid receipt number R-60585 810.12

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

Frank Leo Vicino
Signature

X FRANK LEO VICINO
Print Name

X 1045 NOVARA STREET
Address

SAN DIEGO CA 92107
City Zip Code

619-225-0757
Telephone

Work Order # E 20522

Invoice # _____ ✓

Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Byars Vicino

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Byars Vicino

Interment Date: Dec. 26th Time: 10:00 am G.S.

Div: 5 Sect: 1 Blk/Row: _____ Lot: 41 Grave: A

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20522

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

103975

1A. NAME OF DECEDENT - FIRST (given) ELSA	1B. MIDDLE BYARS	1C. LAST (FAMILY) VICINO	2. DATE OF BIRTH MONTH, DAY, YEAR 10/29/1943	3. DATE OF DEATH MONTH, DAY, YEAR 05/06/2007	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FRANK VICINO, HUSBAND 1045 NOVARA ST SAN DIEGO, CA 92107		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SAN DIEGO CREMATION SERVICE, 1761 HOTEL CIRCLE SOUTH #122 SAN DIEGO, CA 92108		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1481	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Missy Dodson</i>		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 12/06/2007			

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 12/06/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S)
DIS/BU

FOR CORONER'S USE ONLY

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 12/26/07	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R. 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VSR# (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK FILE

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

61969

Date: October 22, 2009

From: FRANK LEOVICINI

Address: 1045 Navara St., SD CA 92107,

Phone 619-225-0757

Two Hundred and sixty-four 57100

Dollars (\$ 264.57)

in Full Payment of Four interment/ Burial + monument from vase for Franks Vicini.

Div 5 Sec 1 Blk/Row _____ Lot 41 Grave A

Invoice No. E 20522

Acct. No. _____

W.O. _____

BALANCE DUE 0

- Money Order
- Charge VISA
- Check V1523B

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

PAID

OCT 22 2009

MOUNT HOPE CEMETERY

ISSUED BY Paul Mc 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	<u>28.00</u>
Insurance &	100	
Misc. Fees	77183	<u>234.40</u>
Seals tax	60101	<u>2.17</u>
	78390	

TOTAL PAID \$ 264.57

Pluck H

Final interment

E20522

Send or by
DO
ACC

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-14-99

ed
+ trust

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

of Annie V. Dunbar

in a T.S. 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.

Lot 5 Grave 12 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 19.38

Sales taxes 110.09

Total Due 1609.38

Paid receipt number R51537 1609.38

Balance due 1000.00

PAID

NOV 29 2001

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA

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

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

Annie V Dunbar
Signature
X 133 Old Oak Dr
Address
X S.D, CA 92114
City Zip Code
X 619-589-2906
Telephone

Signature of recorded holder of deed

Work Order # **E 15259**

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-7-99

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

of Michael D. Dunbar

in a T.S. Vault Funeral, date, time Set 9-11 10:00

Church, Chapel, Graveside Church/Graveside: Benze Photos Mortuary.

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

will be applied and billed to undersigned.

Lot 5 Grave 11 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 600.00

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 2269.38

Paid receipt number NISA 2269.38

Balance due 0

PAID
SEP 7 1999
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

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

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

Annie V Dunbar
Signature
X 133 Old Oak Dr
Address
X S.D, CA 92114
City Zip Code
X 619-589-2906
Telephone

Signature of recorded holder of deed

Work Order # **E 15240**

Invoice # _____

Acct. # _____

E20522

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

33

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

1A. NAME OF DECEDENT—FIRST (GIVEN) LATICIA		1B. MIDDLE	1C. LAST (FAMILY) MCCLEARY	2. DATE OF BIRTH MONTH, DAY, YEAR 09/14/1974	3. DATE OF DEATH MONTH, DAY, YEAR 12/05/2007	4. SEX F
5A. CITY OF DEATH DALLAS			5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE TX	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JAMES MCCLEARY - HUSBAND 17717 VAIL #828 DALLAS TX 25281		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL - IMPERIAL AVE 3953 IMPERIAL AVE SAN DIEGO CA 92113				7B. CALIF. LICENSE NUMBER — IF APPLICABLE FD-670	8A. SIGNATURE OF APPLICANT — <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 103025 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>				8B. DATE SIGNED 12/13/2007		

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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 12/13/2007 L. CASTRO	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2701867
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA -	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92188-5222		

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET 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/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 OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E 20523

not included
in this

Spindle:

E 20500 - E 20599

**MT. HOPE CEMETERY
INTERMENT ORDER**

At Need

City of San Diego

Date 12/14/07

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

of Kevin Burks 1:00pm

In a Liner Funeral, date, time SATURDAY DEC 22

Chapel Chapel, Graveside CAPURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 619 234-3272 will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row _____ Lot 11 Grave 7

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	SAT. FEE 851.00
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	106.00
Flower vases - Marker setting fee	_____
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.46
Total Due	2,533.46

[Handwritten signature]

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 to lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 20524

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

disinterment
re-interment

Date 12/14/07

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

of Gladys Burks
 In a T.S. Vault Type of Burial Container Funeral, date, time Monday Dec 24 9:00 am
 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 _____ Blk/Row _____ Lot 2195 Grave 1

Grave space & Care Fund C-9081 / E-16706 _____

Overtime/Late Arrival Fees Disinterment 1419.-

Opening/Closing & Setup..... _____

Burial Container..... _____

Handling Fees..... _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees..... 65.-

Sales taxes..... _____

MOUNT HOPE CEMETERY

PAID
DEC 17 2007

Total Due..... 1484.-

Paid receipt number R60580 + 1484.-

part of E-20525 Balance due 0

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

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

Signature _____

Janice Gabriel
 Print Name
267 Coolwater Dr
 Address
SD 92114
 City Zip Code
(619) 267-4490 h/m
 Telephone
(619) 850-3523 cell

Invoice # _____

Work Order # E 20525

Acct. # _____



E20525

THE CITY OF SAN DIEGO

100 TO
interment
order

LETTER OF APPROVAL FOR DISINTERMENT OF Gladys Burk

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Gladys Burk 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 Gladys Burk 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 Gladys Burk identified as:

Lot 2195 Grave — Section — Division 10

We acknowledge that we have been advised that the remains of may not be present and/or intact.

Jarvis Gabriel
SIGNATURE(S)

Cousin
RELATION TO DECEASED

Eric Overstreet
WITNESSED BY

CDL NO390299
3-5-11

12-17-07

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
INTERMENT ORDER**

City of San Diego

Date 12-19-07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SMITH, D'MAJ. TYRONE 231313

In a DD "A" Funeral, date, time 12-21-07 FRI 3:00

Church, Chapel, Graveside 3:00 : 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 4 Lot 76 Grave 12

Grave space & Care Fund 2264.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533 + 2ND d/c 533 1066.00

Burial Container DD 539.00

Handling Fees 454.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 65+65 130.00

Sales taxes _____ 41.77

Total Due 4494.77

PAID 130.00

DEC 19 2007 41.77

Balance due 0

MOUNT HOPE CEMETERY
Paid Receipt Number R-60590

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.

Sharon Nicole Smith
Signature

*RAGSDALE'S
will pay*

Sharon Nicole Smith 231307
Print Name
6816 Quebec Court #1
Address
San Diego 92139
City Zip Code
619-479-9819
Telephone

Work Order # E 20526

Invoice # _____
Acct. # _____

E20526

28

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) D'maj	1B. MIDDLE Tyrone	1C. LAST (FAMILY) Smith	2. DATE OF BIRTH MONTH, DAY, YEAR 08/21/1979	3. DATE OF DEATH MONTH, DAY, YEAR 12/15/2007	4. SEX M
5A. CITY OF DEATH Las Vegas	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE Nevada		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: Sharon Smith-Mother 6816 Quebec Ct. #1 San Diego, CA 92139		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Anderson-Ragsdale Mortuary, Inc. 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 12/20/2007		
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 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 12/21/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2701930 J. Lemon Jr.
	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 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"/> 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 12/21/07	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

AT NEED

City of San Diego

Date 12/19/07

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

of HOWARD SHARPE P.A.# 231321

in a LINER Funeral, date, time Thurs. Dec. 27th 4pm

Church, Chapel, Graveside Delivery Only, Conrad Mortuary

All Funeral cars must arrive before 3.00 p.m. of regular work day or an extra charge of \$ 1019 460 4601 - Donna

will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row _____ Lot 69 Grave 1

Grave space & Care Fund 2,264.-

Overtime/Late Arrival Fees

Opening/Closing & Setup 533.-

Burial Container 270.-

Handling Fees 206.-

Flower vases - Marker setting fee 178.-

Recording/Filing/Transfer Fees 65.-

Sales taxes 20.93

Total Due 3,536.93

Paid receipt number R 6093 3,536.93

Balance due 0

P.A. Briana Brethillo

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.

231322

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

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

See Attached

X
Signature _____

Paulette
Work Order # E 20527

Invoice # _____

Acct. # _____

E20527

FROM

(WED) DEC 19 2007 12:28/ST. 12:27/No. 7500000484 P 1

MT. HOPE CEMETERY
INTERMENT ORDER

AT NEED

City of San Diego

Date 12/19/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HOWARD SHARPE P.A.* in a LINER Funeral, date, time Thurs. Dec. 27th Church, Chapel, Graveside Delivry Only, Conrad Mortuary. 1619 460-4601 Donna 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>69</u> Grave <u>1</u>	
Grave space & Care Fund	<u>2,264.-</u>
Overtime/Late Arrival Fees	
Opening/Closing & Setup	<u>533.-</u>
Burial Container	<u>270.-</u>
Handling Fees	<u>206.-</u>
Flower vases - <u>Marker setting fee</u>	<u>178.-</u>
Recording/Filing/Transfer Fees	<u>65.-</u>
Sales taxes	<u>20.93</u>
Total Due	<u>3,536.93</u>

PA. Briana Brathillo

Paid receipt number _____ Balance due _____

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.

Conrad Lemon Grove Mortuary
 Donna J. Conrad
7387 Broadway
Lemon Grove, CA 91945
619/460-4601

I hereby authorize the interment in lot / hold under deed.
[Signature]

Paulette

Work Order # E 20527 Invoice # _____
Acct. # _____

REA-104 (3-04) This information is available in alternative formats upon request.

Conrad's will deliver check to you FRIDAY 12/21/07

E20527

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Howard Shape P.A.#

Interment Date: Thurs. 12/27 Time: _____

Div: 12 Sect: 1 Blk/Row: _____ Lot: 69 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: DAVID N Date 12-24-07

Remains were placed at: _____ of grave

E20527
75

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) HOWARD	1B. MIDDLE RAMSEY	1C. LAST (FAMILY) SHARPE	2. DATE OF BIRTH MONTH DAY YEAR 02/07/1932	3. DATE OF DEATH MONTH DAY YEAR 10/16/2007	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 CONRAD LEMON GROVE MORTUARY 7387 BROADWAY LEMON GROVE, CA 91945	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: CONRAD LEMON GROVE MORTUARY 7387 BROADWAY, LEMON GROVE, CA 91945			7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD 941		8A. SIGNATURE OF APPLICANT <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 100065 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>			8B. DATE SIGNED 12/03/2007		

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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED N/A GOOD 12/03/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2701805 ✓
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA 3851 ROSECRANS STREET SAN DIEGO, CA 92110		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S) <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT); <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING - REMAINS LOCATED AT (Home 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 12/27/07	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 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
12 CHAIRS

Date 12/21/07

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

of Louise Bailey 295299
 in a Liner Funeral, date, time Thurs. Dec. 27th 10:00 AM
 Church, Chapel Graveside EL CAJON Mortuary AM

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 5 Blk/Row _____ Lot 31 Grave 1
 Grave space & Care Fund E-4344 < 530-847 > ⊖

Overtime/Late Arrival Fees	_____
Opening/Closing & Setup	<u>708.-</u>
Burial Container	<u>359.-</u>
Handling Fees	<u>275.-</u>
Flower vases - Marker setting fee	_____
Recording/Filing/Transfer Fees	<u>85.-</u>
Sales taxes	<u>27.82</u>

PAID

DEC 21 2007

MOUNT HOPE CEMETERY

Total Due 1454.82
 Paid receipt number Credit card Mastercard 1454.82
 Balance due ⊖

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

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

Louise G. Bailey
 Signature

Louise G. Bailey
 Print Name
15962 SPRAY ST
 Address
EL CAJON CA 92021
 City
619-447-9047
 Telephone
 Zip Code

Work Order # E 20528

Invoice # _____
 Acct. # _____

619 442-9678

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

0

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

Burial Container _____

		DVS	X			
	Calkins		Lind	Bailey		

Flagged Yes _____

No _____

Blind check Initiated by: _____

Date: _____

Interment space for: Louise Bailey

Interment Date: 12/27 Thursday Time: 10:00 AM

Div: 8 Sect: 5 Blk/Row: _____ Lot: 31 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: DAVID N Date 12-23-07

Cremains were placed at: _____ of grave

ORDER
CITY OF SAN DIEGO, CALIFORNIA

MI. DIST. NO. **E 20528**

DATE 05-05 1988

CHARGE Over & Grace Bailey

ADDRESS PO Box 1074 El Cajon, Ca. 92020

NAME OF DECEASED Arnold

OWNER _____

ADDRESS _____

MORTUARY _____

LOT 30431 GR _____ ROW _____ SEC 5 BLK 8 DIV 8 940 0

OPENING/CLOSING TIME _____ DAY _____ DATE _____

VAULT/LINER _____ SIZE _____

REC. FEE/REMOVAL/FOUNDATION _____

TOTAL 940 0

PAID RECEIPT NUMBER R-31737 940 0

BALANCE 0

PAID
MAY 30 1984
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON Over & Grace Bailey ORDER TAKEN BY _____
PHONE BY _____

W.O. NO. **E 4344** INVOICE NO. _____

E20528

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

96

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

1A. NAME OF DECEDENT - FIRST (GIVEN) LOUISE	1B. MIDDLE IONA	1C. LAST (FAMILY) BAILEY	2. DATE OF BIRTH MONTH, DAY, YEAR 07/23/1921	3. DATE OF DEATH MONTH, DAY, YEAR 12/21/2007	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 OVIS BAILEY, HUSBAND 1596 ZEPHYR ST EL CAJON, CA 92021	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAJON-LAKESIDE-SANTEE MORTUARY & CREM SER, 684 S MOLLISON AVE EL CAJON, CA 92020			7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1022		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is on 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>Jackie Bailey</i>		8B. DATE SIGNED 12/21/2007

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 12/21/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	10. AUTHORIZED DISPOSITION(S) BU	10. FOR CORONER'S USE ONLY		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92101	11B. DATE BURIED 12-31-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>David Noriega</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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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	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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/24/2007

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 231329
Carlos Ramos Muñoz 11:30

In a DD CRYPT "A" Funeral, date, time Thurs, Dec 27, 2007
Type of Burial Container

Church, Chapel, Graveside 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 MAS Section A Blk/Row _____ Lot 53 Grave 10

Grave space & Care Fund E-19275

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases trianase/wo 5939 Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

PAID
DEC 24 2007

Total Due 101.55

Paid receipt number R-60595 101.55

Balance due 0

I hereby certify I am the Son/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.

Luis F. Ramos
Signature

Luis F. Ramos
Print Name
844 West St.
Address
San Diego 92113
City
619 987-3437 Zip Code
Telephone

Maria G. Ramos
5550 Balboa Arms Dr 57
San Diego, CA 92117

Work Order # E 20529

Invoice # _____
Acct. # _____

E20529

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 7-27-05

*pre-need
lot + trust*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Self or children/grandchildren

In a D.I. Crypt A+B 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 MASON Section A Blk/Row _____ Lot 53 592 Grave *10

Grave space & Care Fund _____ 1535-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 20413.- 826-

Burial Container DEC 24 2007 418-

Handling Fees _____ 352.-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 2050 - 100.-

Sales taxes 32.40 32.40 64.80

Total Due 3263.40

Paid receipt number Visa Card 815.85

Balance due 2447.55

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.

229300

Maria R Saunders
Print Name
7322 Mesa College Dr #10
Address
SAN DIEGO CA 92111
City
619 933-8902
Telephone
Zip Code

Signature _____

Dauette

Work Order # E 19275

Invoice # _____

Appt. # _____

E20529

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

78

1A. NAME OF DECEDENT - FIRST (GIVEN) CARLOS	1B. MIDDLE -	1C. LAST (FAMILY) RAMOS	2. DATE OF BIRTH MONTH, DAY, YEAR 08/19/1929	3. DATE OF DEATH MONTH, DAY, YEAR 12/21/2007	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 LUIS RAMOS, SON 844 WEST ST SAN DIEGO, CA 92113
---	--	--

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HEATH FUNERAL HOME, 611 HIGHLAND AVE NATIONAL CITY, CA 91950	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD807	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Sharon Burke</i>	8B. DATE SIGNED 12-27-07
---	--	--	------------------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 12/27/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD #9097
--	--	--	---	--

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
--	---

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
--	------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12/27/07	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK FILE

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

61844

Date: July 30, 2009

From: Maria F. Popola Address: 5550 Balboa Arms Dr. # 57, SD CA 92117

One hundred seventy-eight and 00/100 Dollars (\$ 178.00)

In Full Payment of Settling fee for Carlos Munoz Ramos marker.

Div MASON Sec A Blk/Row _____ Lot 57 Grave 10

Invoice No. E-20529

Acct. No. _____

W.O. _____

BALANCE DUE 0

Money Order

Charge

Check 2140

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

PAID

JUL 30 2009

ISSUED BY MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Serial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	<u>179.00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>178.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 12/24/07

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

of IRENE STEINLE 220036

in a ASH VAULT Funeral, date, time AYD 1/8/07

Church, Chapel, Graveside Balboa Mortuary 2200716

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

will be applied and billed to undersigned.

Division IOOF Section 50 Lot 11 Grave 1

Grave space & Care Fund E-2758 <12/4/1981>

Overtime/Late Arrival Fees

Opening/Closing & Setup **PAID** 149.-

Burial Container 79.-

Handling Fees JAN - 8 2008 85.-

Flower vases - Marker setting fee

Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY 65.-

Sales taxes 6.12

Total Due \$ 384.12

Paid receipt number CDL 02985120 12/24/08 Visa \$ 384.12

Balance due 03587C 0

I hereby certify I am the Friend DPOAHC of the above named decedent and this is your authority to make disposition of remains as above indicated I certify and represent that I have the right to make this authorization and I agree to hold 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 [Signature]

Max Huntziker 231334

First Name 3631 Albert St

Address San Diego, CA 92103

City 619-220-0716 Zip Code

Telephone

Work Order # E 20530

Invoice #

Acct. #

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Ø

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

Burial Container

ASH VAULT

			X			

Flagged

Yes _____

No _____

Blind check Initiated by: _____

Date: _____

Interment space for:

Irene Steinle Ø

Interment Date:

1/8/08

Time:

A:YD

Div:

IDDF

Sect: _____

Blk/Row: 5

Lot: 11

Grave: 1

Grave Laid out by: _____

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By: _____

Date _____

Remains were placed at: _____

of grave

E20530

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

81

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

1A. NAME OF DECEDENT - FIRST (GIVEN) IRENE		1B. MIDDLE KANAITE		1C. LAST (FAMILY) STEINLE		2. DATE OF BIRTH MONTH, DAY, YEAR 12/30/1925		3. DATE OF DEATH MONTH, DAY, YEAR 12/21/2007 FND		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 MAX HUNZIKER, FRIEND DPOAHC 3631 ALBERT STREET SAN DIEGO, CA 92103					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BALBOA CREMATION SERVICES, 4658 30TH ST SAN DIEGO, CA 92116						7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1370		8A. SIGNATURE OF APPLICANT - Person taking permit <i>Karen Kenyon</i>			8B. DATE SIGNED 12/23/2007
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 193055 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA			9A. AMOUNT OF FEE PAID \$11.00		9B. DATE PERMIT ISSUED 12/28/2007		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD			
	8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110				8E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA						
10. AUTHORIZED DISPOSITION(S) CR/BU						FOR CORONER'S USE ONLY					

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 1-8-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC. 2570 FORTUNE WAY; VISTA, CA 92081		12B. DATE CREMATED 12-28-07	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Richard Markby</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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

At Need
(20 chairs)

Date 12/24/07

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

of YOSIEF ANDEMESKEL TSTGE 231320

in a DD CRYPT "B" Funeral, date, time 12/28/07 FRIDAY 11:00

Church Chapel, Graveside Anderson-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 MAS Section T Blk/Row _____ Lot 7 Grave 6

Grave space & Care Fund E-19865 0

Overtime/Late Arrival Fees _____ 1

Opening/Closing & Setup _____ 1

Burial Container _____ 1

Handling Fees _____ 1

Flower vases - Marker setting fee _____ 1

Recording/Filing/Transfer Fees _____ 1

Sales taxes _____ 1

Total Due 0

Paid receipt number _____ 1

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 Yosief Andemeskel

X YEYOB ANDEMESKEL

Print Name 3763 MEADE AVE

Address SAN DIEGO CA 92116

City 619-284-2681 Zip Code

Telephone cell 619-756-9860

Invoice # _____

Work Order # E 20531

Acct. # _____

E20531

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-15-06

AT-need
(Res)
15 chairs
1st & 2nd Burial

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Andemeskel Mebrahtu Tsigie # 230340

In a DD CRYPT Funeral date, time Aug 17, 06 11:00

Church Chapel, Graveside Resedale Mortuary Reseda

All Funeral cars must arrive before 3:00 p.m. of regular work day or at extra charge of \$215.00 will be applied and billed to undersigned. Elyn Andemeskel

Division MAS Section T Blk/Row Lot 7 Grave 6

Grave space & Care Fund \$2,264.00

Overtime/Late Arrival Fees

Opening/Closing & Setup 2 @ \$533.00 \$1,066.00

Burial Container DD CRYPT 539.00

Handling Fees 454.00

Flower vase - Marker set PAID

Recording/Filing/Transfer Fees 2 @ \$65.00 \$130.00

Sales taxes AUG 15 2006 \$41.77

MOUNT HOPE Paid receipt number E-59744 Total Due \$4,494.77

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 Y VEYOB ANDEMESKEL # 230341 Madeed Aeed 8-16-06

Elyn Andemeskel

AW # 230339

Bereket Tsigie owner

Work Order # E-19865 Invoice # Acct. #

HEA-104 (2-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY TO CEMETERY

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

59744

Date: 8-15-06, 20 06

From: Bereket Andemeskel Address: 4106 Highland Ave S.D. CA. 92105

four thousand four hundred ninety-four ⁷⁷/₁₀₀ Dollars (\$ 4,494.77)

In Full Payment of AT need services FOR Andemeskel M. Tsigie

Div MAS Sec T Blk/Row Lot 7 Grave 6

Invoice No. E-19865

Acct. No.

W.O.

BALANCE DUE 0

- Money Order
- Charge
- Check # 1012

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

PAID

AUG 15 2006

MOUNT HOPE CEMETERY

ISSUED BY Sunder

CREDIT	67007	452	80
20% Sales Care	77184		
80% Sales	100	1,811	20
of Lots	77184		
Opening/	100		
Closing	77181	1,066	00 o/c-2
Burial	100		
Containers	77182	539	00 BIC 000
	100		
Handling Fee	77185	454	00 HIF
Closing &	100		
Misc. Fees	77183	130	00 RIF-2
Sales Tax	80101	41	77
	78380		
TOTAL PAID		4,494	77

AC-212A (11-05)

This information is available in alternative formats upon request.

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Andemeskel Mebaktu Tsige "A" RD

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

Burial Container D.D. CRYPT "B"

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Yosie P Andemekel Tsige

Interment Date: 12/28/07 Time: 11:00 Church

Div: MAS Sect: T Blk/Row: _____ Lot: 7 Grave: 6

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20531

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) YOSIEF	1B. MIDDLE ANDEMESKEL	1C. LAST (FAMILY) TSIGE	2. DATE OF BIRTH MONTH DAY YEAR 08/01/1975	3. DATE OF DEATH MONTH DAY YEAR 12/21/2007	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 EYOB TSIGE, BROTHER 3763 MEADE AVENUE SAN DIEGO, CA 92116		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329	8A. SIGNATURE OF APPLICANT - Possessing permit <i>Stennika Kyr</i>		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein as on 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 12/26/07	

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 12/26/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - * DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - * DEATH OCCURRED IN CALIFORNIA TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 12/27/07	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V88e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 12/26/2007

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

of Margaret Long PPI: 231325

In a DD Crypt "A" Funeral, date, time Jan 4, 2008 @ 1 pm

Church, Chapel, Graveside Anderson-Pagsdale 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 239 Grave 2
Grave space & Care Fund 2,264.00

Overtime/Late Arrival Fees _____ 1066.00

Opening/Closing & Setup 2x 533 _____ 539.00

Burial Container _____ 454.00

Handling Fees _____ 178.00

Flower vases Marker setting fee _____ 130.00

Recording/Filing/Transfer Fees 2x 65 _____ 41.77

Sales taxes _____ 41.77

Total Due 4,672.77

Paid receipt number R-60596 4,672.77

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.

Ethel Edmerson
Signature

ETHEL EDMERSON 231325
Print Name
835 "S" 46TH ST
Address
SAN DIEGO CA 92113
City Zip Code
619-263-5877
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20532

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container DD Crypt A

			X			
				VARNER		

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Margaret Long

Interment Date: 1/4/2008 Time: 1:00 PM Friday

Div: 12 Sect: 2 Blk/Row: _____ Lot: 239 Grave: 2

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: DAVID N Date 12-28-07

Cremains were placed at: _____ of grave

E20532

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

85

1A. NAME OF DECEDENT - FIRST (GIVEN) MARGARET	1B. MIDDLE REE	1C. LAST (FAMILY) LONG	2. DATE OF BIRTH MONTH, DAY, YEAR 08/22/1922	3. DATE OF DEATH MONTH, DAY, YEAR 12/23/2007	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 WASHINGTON LONG, HUSBAND 4466 LOGAN AVENUE 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 FD1329	8A. SIGNATURE OF APPLICANT - (Person taking permit) <i>Stennukakym</i>		
ACKNOWLEDGEMENT OF APPLICANT		hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103000 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 12/27/07	

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 12/27/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Wilma Wooten, MD</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY; 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 11/1/08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

*At Need
Re-interment
from W 11 295,1*

City of San Diego

Date 12/26/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Kevin Burks 23139

In a Top Seal vault Funeral, date, time 12/26/07
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 Bk/Row _____ Lot 122 Grave 7

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 _____

SEP Attached F23
PAID
MAR 11 2008

MOUNT HOPE CEMETERY

Total Due 1,313.-

*Due end of April 2008
Per David Hugo*

Paid receipt number R-60741 1,313.-

Balance due 0

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

I hereby authorize the interment in lot I hold under deed
Janice Gabriel
Signature

Janice Gabriel
First Name
X 267 Coolwater Dr
Address
X S D. 92114
City Zip Code
X (619) 267-4490
Telephone

Work Order # E 20533

Invoice # _____
Acct. # _____

E20533

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 12-14-07

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

of BURKS KEVIN L.

in a TS Vault Funeral, date, time 12-14-07 MON 9:30

Church-Chapel, Graveside : CA BURIAL Mortuary. EL CAJON

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 10¹² Section 2 Blk/Row _____ Lot 122 2195 Grave 7 +

Grave space & Care Fund C-9081 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

PAID
DEC 17 2007

MOUNT HOPE CEMETERY 27.51

Total Due 710.51

Paid receipt number R-60580 710.51

PT of E20525 Balance due 0

I hereby certify I am the cousin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold 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.

J. Gabriel
Signature

Janice Gabriel
Print Name
267 Coolwater Dr
Address
S.D. 92114
City
(619) 267-4490 hm Zip Code
Telephone (619) 850-3523 cell

Work Order # E 20523

Invoice # _____

Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Disinter Gladys Burks
+ Re-inter Gladys Burks

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

Burial Container T.S. Vault

			X			

Flagged Yes _____ No _____

Blind check initiated by: _____ Date: _____

Interment space for: Kevin Burks

Interment Date: _____ Time: _____ ^{to 12/21, 12/27}

Div: 10 Sect: _____ Blk/Row: _____ Lot: 219 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

12/24/07 MON
~~10:00~~
 9 AM
 JANU 2015 12/19
 DAVID L CONOVER
 RPPJ

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) KEVIN	1B. MIDDLE LAMAR	1C. LAST (FAMILY) BURKS	2. DATE OF BIRTH MONTH, DAY, YEAR 02/24/1961	3. DATE OF DEATH MONTH, DAY, YEAR 12/13/2007	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 JANUS GABRIEL, COUSIN 267 COOLWATER DR SAN DIEGO, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1357		8A. SIGNATURE OF APPLICANT - Person taking permit <i>Victoria Mitchell</i>
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 12/20/07		

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 12/20/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED 12/24/07	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VSSe (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

Pre-need TRUST

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/26/07

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

of Dominga Cruz 207447

in a Ash 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 18 Section 3 Blk/Row _____ Lot 102 Grave 1

Grave space & Care Fund E-10512 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 199.00

Burial Container 104.00

Handling Fees 114.00

Flower vases - Marker setting fee 237.00

Recording/Filing/Transfer Fees 85-

Sales taxes 806

PAID

DEC 26 2007

MOUNT HOPE CEMETERY

Total Due 747.06

Paid receipt number R-01083 747.00

Balance due 0

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

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

Priscila Rodriguez

Priscila Rodriguez
Print Name
10106 HALBRENT AVE.
Address
MISSION HILLS CA 91345
City Zip Code
818-894-0956
Telephone

N.R.

Work Order # E 20534 Invoice # _____ Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

At need
in grave of Lee A. Brown

City of San Diego

Date 12/27/2007

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

of Ruby Brown 231058 1:00
in a Double-depth "B" Funeral, date, time Thurs. Jan 3, 2008
Church Chapel Graveside Anderson 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 121 Grave 12

Grave space & Care Fund E-20328 (8.14.07) ⊖

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 533.00

Burial Container _____ ✓

Handling Fees _____ ✓

Flower vases - Marker setting fee _____ ✓

Recording/Filing/Transfer Fees _____ 65.00

Sales taxes _____

Total Due _____ 598.00

Balance due _____ 598.00

PAID
JAN - 3 2008
MOUNT HOPE CEMETERY

MORT & PAY

260616
Paid receipt number CHICK KROB
RAGSDALE

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.

Vanessa Belcher
Signature

Vanessa Belcher 231316
First Name
1397 Wylinda Way
Address
San Diego 92113
City Zip Code
619 244 8273
Telephone

Paulette

Work Order # E 20535

Invoice # _____
Acct. # _____

E20535

MT. HOPE CEMETERY
INTERMENT ORDER

At Need

City of San Diego

Date 8-6-07

231059

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

of BROWN, LEE ANDERSON ANDREW

In a Douglas Crypt A Funeral, date, time 8-14 TUE 10:00

Church Chapel, Graveside PAGSDALE 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 121 Grave 12

Grave space & Care Fund 2264.-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.-

Burial Container 539.-

Handling Fees 454.-

Flower vases Marker setting fee AUG 22 2007 178.00

Recording/Filing/Transfer Fees 65.-

Sales taxes MOUNT HOPE CEMETERY 41.77

Total Due \$ 4074.77

Paid receipt number R 60193 \$ 4047.77

Balance due R-60214 27.00

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.

Ruby Brown
Signature

231058
RUBY BROWN
First Name
1397 Myconda Way
Address
San Diego CA 92113
City
619-264-8273 Zip Code
Telephone

Work Order # E 20328

Invoice # _____
Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Lee A. Brown

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

Burial Container D.A. Crypt "B"

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Ruby Brown

Interment Date: 1-3-08 Time: 1:00 Chapel

Div: 12 Sect: 1 Blk/Row: ~ Lot: 121 Grave: 2

Grave Laid out by: KEN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: DAVID N. Date 12-31-07

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

67

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

1A. NAME OF DECEDENT - FIRST (GIVEN) RUBY	1B. MIDDLE LEE	1C. LAST (FAMILY) BROWN	2. DATE OF BIRTH MONTH, DAY, YEAR 04/28/1940	3. DATE OF DEATH MONTH, DAY, YEAR 12/25/2007	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 VANESSA BELCHER, DAUGHTER 1397 WYCONDA WAY 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 FD1329	8A. SIGNATURE OF APPLICANT - <i>Stennu K...</i> 8B. DATE SIGNED 12/27/07		
ACKNOWLEDGEMENT OF APPLICANT hereby acknowledge as applicant that the proposed 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 12/27/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY; 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-3-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Michael S. J...</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

in grave of
Keith L. Russell

Date 12/27/07

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

of Kang Nancy Russell 225381
 in a Double-Crypt B Funeral, date, time FRIDAY JUN 4th 11:00
Place of Burial Container
 Church, Chapel, Graveside CLAREMONT Mortuary 858-272-2244 fax Wndb

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

Division 10 Section --- Blk/Row --- Lot 4781 Grave 1

Grave space & Care Fund E-8135 ⊖

Overtime/Late Arrival Fees ---

Opening/Closing & Setup 533.00

Burial Container ---

Handling Fees ---

Flower vases - Marker setting fee ---

Recording/Filling/Transfer Fees 65.00

Sales taxes ---

PAID

DEC 27 2007

MOUNT HOPE CEMETERY

Total Due 598.00

Paid receipt number AP 03580A 598.00

Balance due ⊖

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

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

X Hoke Su Chei
Signature

X Hoke Su Chei 231324
 Print Name
X 1271 Lincoln Ave.
 Address
X San Diego 92103
 City Zip Code
X (619) 260-1347
 Telephone

Work Order # E 20536

Invoice # _____
 Acct. # _____

E20536

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-24-98

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

of Keith Russell
in a Double Death Crypt Funeral, date, time Thurs 8-27 11:00

Church, Chapel, Graveside Chapel/Graveside; Claremont Mortuary Dorothy

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

will be applied and billed to undersigned. (Signature)

Lot 4781 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund PAID E-8135 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 29.45

Sales taxes _____

Total Due 1149.45

Paid receipt number R-50325 1149.45

Balance due 0

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

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

Signature of recorded holder of deed _____

JM HO.
Signature
 1271 LINCOLN AVE
Address
 S.D. CA. 92103
City Zip Code
 619-260-1347
Telephone

Work Order # E 14546

Invoice # _____

Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Keith L. Russell

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

Burial Container Double Depth "B"

			X			

Flagged Yes _____ No _____

Blind check initiated by: _____ Date: _____

Interment space for: Kang Nancy Russell

Interment Date: Jan 4th 64 Time: 11:00

Div: 10 Sect: _____ Blk/Row: _____ Lot: 4781 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20536

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) KANG	1B. MIDDLE NAM	1C. LAST (FAMILY) RUSSELL	2. DATE OF BIRTH MONTH, DAY, YEAR 03/03/1940	3. DATE OF DEATH MONTH, DAY, YEAR 12/26/2007	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 HAK SU CHOI, HUSBAND 1271 LINCOLN AVENUE SAN DIEGO, CA 92103	
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		8B. DATE SIGNED 01/03/2008
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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. Richard D. Choi					

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 01/03/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S)
BURIAL

FOR CORONER'S USE ONLY

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 1/4/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kenneth Colburn	
	CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT 14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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.

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At need
12 chairs

Date 12/28/07

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

of Robert E. Stokes 231315

in a Top Seal Vault Funeral, date, time Thursday Jan 3rd

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 143 Grave 2

Grave space & Care Fund 1,132.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 266.50

Burial Container 355.00

Handling Fees 131.50

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 32.50

Sales taxes 13.76

MOUNT HOPE CEMETERY

PAID
DEC 28 2007

Total Due 1,931.26

Paid receipt number AP028624 1,931.26

Balance due 0

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

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

Linda Stokes
Signature

X Linda Stokes
First Name

X 1011 Swaner St.
Address

X San Diego, CA 92106
City ZIP Code

X (619) 263-7237
Telephone

Work Order # E 20537

Invoice # _____

Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH 8

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

Burial Container T.S. Vault

			X	ORTEGA		

Flagged Yes _____ No _____

Blind check initiated by: _____ Date: _____

Interment space for: Robert Stokes

Interment Date: 11/3/08 Time: 10:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 143 Grave: 2

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: DAVID N Date 12-23-07

Cremains were placed at: _____ of grave

Form 1040 U.S. Individual Income Tax Return 2006 (99) IRS Use Only - Do not write or staple in this space.

Header section containing personal information: Name (ROBERT E STOKES), Spouse (LINDA A STOKES), Address (1011 SWANER ST, SAN DIEGO, CA 92114), and Filing Status (Married filing jointly).

Filing Status section with checkboxes for Single, Married filing jointly, Married filing separately, Head of household, and Qualifying widow(er).

Exemptions section including boxes for Yourself, Spouse, and Dependents (RONALD E STOKES, DONALD E RUNNELLS, DANIEL E STOKES).

Income section with lines 7 through 22, detailing various income sources like wages, interest, dividends, and other gains.

Adjusted Gross Income section with lines 23 through 37, listing deductions such as Archer MSA, business expenses, and health savings account.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

52

1A. NAME OF DECEDENT - FIRST (GIVEN) ROBERT	1B. MIDDLE E.	1C. LAST (FAMILY) STOKES	2. DATE OF BIRTH MONTH, DAY, YEAR 06/20/1955	3. DATE OF DEATH MONTH, DAY, YEAR 12/23/2007	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 LINDA STOKES, WIFE 1011 SWANER 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 FD1329	8A. SIGNATURE OF APPLICANT - <i>Stennika Bryant</i> 8B. DATE SIGNED 12/21/07		
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA		9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 12/27/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

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 1-3-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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 18 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.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

At-need

City of San Diego

Date 12/28/07

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

of NORA GRACE SAWATZKY 226445 2pm

in a LINER Funeral, date, time Thursday Jan 3, 2008

Church, Chapel, Graveside Witness : El Camino Mortuary Cypressview

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 _____ Bik/Row _____ Lot 2552 Grave 1

Grave space & Care Fund E-16465 _____

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 N/A _____

Balance due 0

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

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

Georgia Dunbar
Signature

Print Name

X GEORGIA DUNBAR

Address

X 4515 Avocado Blvd.

City

X La Mesa, Ca.

Zip Code

Telephone

X 919 4 (419-444-0029)

Invoice # _____

Work Order # E 20538

Acct. # _____

E20538

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date June 25, 2001

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PRE-NEED TRUST FOR: NORA GRACE SAWATZKY

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

Church, Chapel, Graveside _____; EL CAMINO-BENBOUGH Mortuary.

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

Lot 2552 Grave - Row - Section = Division/Block 10

Grave space & Care Fund PRE-NEED C-7706 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - **PAID** DBL MARKER ON LOT ALREADY _____

Recording and filing fee _____ 45.00

Sales taxes JUN 25 2001 _____ 14.25

Total Due _____ 769.25

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA. Paid receipt number _____ 769.25

Balance due 0

I hereby certify I am the FOR 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. NORA G. SAWATZKY

I hereby authorize the interment in lot I hold under deed.
Nora Grace Sawatzky
Signature of recorded holder of deed

Nora Grace Sawatzky
Signature 7587 CENTRAL AVE.

Address LEMON GROVE, CA 91945

City (619) 464-3341 Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E** 16465

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

93

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

1A. NAME OF DECEDENT - FIRST (GIVEN) NORA	1B. MIDDLE GRACE	1C. LAST (FAMILY) SAWATZKY	2. DATE OF BIRTH MONTH, DAY, YEAR 03/23/1914	3. DATE OF DEATH MONTH, DAY, YEAR 12/19/2007	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 GEORGIA DUNBAR, NIECE 4515 AVOCADO BLVD. LA MESA, CA 91941		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL-IMPERIAL AVE., 3953 IMPERIAL AVE. SAN DIEGO, CA 92113		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD-670	8A. SIGNATURE OF APPLICANT - Person taking permit: <i>Carla Arri</i>		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is on 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 12/27/2007	

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 \$11.00	9B. DATE PERMIT ISSUED 12/27/2007	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

1D. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 1-3-2008	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Michael J. Arri</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

on grave of
Rose Jung Hom

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/28/07

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

of Miles Hom # 231352
In a ASH VAULT Funeral, date, time AYD 11/18/2008
Church, Chapel, Graveside Claremont 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 W Lot 47 Grave 7

Grave space & Care Fund 0

Overtime/Late Arrival Fees —

Opening/Closing & Setup 149.-

Burial Container 79.-

Handling Fees 85.-

Flower vases - Marker setting fee —

Recording/Filing/Transfer fees 65.-

Sales taxes 6.12

PAID
DEC 31 2007

MOUNT HOPE CEMETERY

Visa Total Due \$ 384.12
Paid receipt number 061860 384.12
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
Signature

X 231351
First Name
X
Address
X
City
X
Telephone

Invoice # _____

Work Order # E 20539

Acct. # _____

over

E20539

on grave of
Rose Jung Hom

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 12/28/07

Please sign
and return.
Thanks,
Paulette

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Miles Hom in a ASH VAULT Funeral, date, time AYD Church, Chapel, Graveside Claremont 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	<u>W</u>	Lot	<u>47</u>	Grave	<u>7</u>
Grave space & Care Fund	<u>0</u>								
Overtime/Late Arrival Fees	<u>—</u>								
Opening/Closing & Setup	<u>149.-</u>								
Burial Container	<u>79.-</u>								
Handling Fees	<u>85.-</u>								
Flower vases - Marker setting fee	<u>—</u>								
Recording/Filing/Transfer	<u>65.-</u>								
Sales taxes	<u>6.12</u>								
								Total Due	<u>\$ 384.12</u>
								Paid receipt number	<u>061860</u>
								Balance due	<u>0</u>

PAID

DEC 31 2007

MOUNT HOPE CEMETERY

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

I hereby authorize the interment in lot I hold under dead.
Kathleen Hom
Signature

231351
X KATHLEEN Hom
Print Name
X Kathleen Hom
Address
4340 Highland # 314
City FRYCK LAKE CITY, UT 841 Zip Code
Telephone (801) 424-0252 24
Invoice #
Acct. #

Thank you for your help!
When will my father be
interred? Please let me
know @ (801) 424-0252.

Thanks!
Kathleen Hom

Work Order # E 20539

E20539

MT. HOPE CEMETERY

INTERMENT ORDER

Disinterment from
Reinterment Air Seal Vault

City of San Diego

Date 1-6-98

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

of Rose Horn

in a Double Death Funeral, date, time 8-19-98

Church, Chapel, Graveside _____ Mortuary, _____

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

Lot 47 Grave 7 Row _____ Section 2 Division Block 7

Grave space & Care Fund Pre-Paid B-7722 0

Additional spaces and care fund _____

Opening/Closing & Setup Disinterment 1,000.00

Burial Container Reinterment 380.00

Handling Fees _____ 320.00

Flower vases - Marker setting fee JAN 06 1998 _____

Recording and filing fee _____ 45.00

Sales taxes _____ 29.45

Total Due 1774.45

Paid receipt number R-49358 1774.45

Balance due 0

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

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

Miles Horn
Signature of recorded holder of deed

Miles Horn
Signature

4178 Falcon St
Address

San Diego, Calif 92102
City Zip Code

296-2594
Telephone

Invoice # _____

Acct. # _____

Work Order # E 14077

E20539

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Rose Jung Horn full body
In a d d crypt

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

Burial Container

Ashvault

			X			

Flagged

Yes _____

No _____

Blind check Initiated by: _____

Date: _____

Interment space for: _____

Miles Horn ⊗

Interment Date: _____

1-18-2008

Time

AJD

Div: _____

7

Sect: _____

2

Blk/Row: _____

Lot: _____

47

Grave: 7

Grave Laid out by: _____

Norman Jensen

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By: _____

Date _____

Remains were placed at: _____

of grave

E20539

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

24525

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

83

1A. NAME OF DECEDENT - FIRST (GIVEN) MILES	1B. MIDDLE -	1C. LAST (FAMILY) HOM	2. DATE OF BIRTH MONTH, DAY, YEAR 06/07/1924	3. DATE OF DEATH MONTH, DAY, YEAR 12/27/2007	4. SEX M
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5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT YVONNE HOM, DAUGHTER 586 ARRAN COURT SUNNYVALE, CA 94087
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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 01/09/2008
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ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA</small>	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 01/09/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
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10. AUTHORIZED DISPOSITION(S) CREMATION/BURIAL	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-18-08	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 JAN 12 2008	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

pre-need
trust

Date 12/31/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Clarence L. Smith 219173

in a Double-Depth "B" 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 1588 Grave 1

Grave space & Care Fund E-14997/C-6613 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ **PAID** 708.00

Burial Container _____

Handling Fees DEC 31 2007 _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY 85.00

Sales taxes _____

Total Due \$ 793.00

Paid receipt number P-01086 \$ 793.00

Balance due 0

I hereby certify I am the Richard L. Smith of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 "Son"

Signature

RICHARD L SMITH
Print Name

4715 1/2 LATITUDE LN
Address

CARLEBAD 92001
City Zip Code

760-931-6969
Telephone

Work Order # E 20540

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

At Need

Date 12/31/07

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

of NYARIEKA THOMAS GAW 231318

in a Liner Funeral, date, time Thursday Jan 3 12:00

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 12 Section 1 Blk/Row W Lot 75 Grave 7

Grave space & Care Fund 3011.-

Overtime/Late Arrival Fees **PAID**

Opening/Closing & Setup 708.- ✓

Burial Container 357.- ✓

Handling Fees 275.- ✓

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees 85.- ✓

Sales taxes 27.82 ✓

Total Due 4,465.82
 R-60601 1,000.00
 R-60602 2,000.00
 R-60603 145.82
 Balance due 0

Paid receipt number _____

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 dead.

Signature [Handwritten Signature]

231317
 x John Kuek
 Prrs Name 334 Roanoke Rd
 Address El Cajon, CA 92020
 City 619-938-3204 Zip Code
 Telephone

Work Order # E 20541

Invoice # _____
 Acct. # _____

E20541

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

0

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

Burial Container

Liner

			X			

Flagged

Yes

No

Blind check initiated by:

Date:

Interment space for:

Nyariaka T. Gaus

Interment Date:

Thursday Jan³

Time:

12:00

Div:

12

Sect:

1

Blk/Row:

Lot:

75

Grave:

7

Grave Laid out by:

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Date

Cremains were placed at:

of grave

E20541

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

66

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

1A. NAME OF DECEDENT - FIRST (GIVEN) NYARIEKA	1B. MIDDLE THOWAT	1C. LAST (FAMILY) GAW	2. DATE OF BIRTH MONTH, DAY, YEAR 01/01/1941	3. DATE OF DEATH MONTH, DAY, YEAR 12/26/2007	4. SEX F
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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 REBECCA KODA, DAUGHTER 334 ROANOKE RD. EL CAJON, CA 92020
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1424
--	--

ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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>Rebecca Koda</i>	8B. DATE SIGNED 01/03/2008
---	--	-------------------------------

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/03/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
---	--

10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
---	------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 1-3-2008	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Michael J. Gater</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*in grave of
 Jack Kimbrough*

Date 1/2/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Quincella Kimbrough 231336 in a Double Depth ^{Type of Burial Container} Funeral, date, time Jan 8th Tues 1:00 Church, Chapel, Graveside Anderson-Resdale 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 91 Grave 1

Grave space & Care Fund _____ 0

Overtime/Late Arrival Fees _____ 0

Opening/Closing & Setup _____ 533.00

Burial Container _____ **PAID**

Handling Fees _____

Flower vases - Marker setting fee _____ JAN 0 8 2008

Recording/Filing/Transfer Fees _____ 65.00

Sales taxes _____ **MOUNT HOPE CEMETERY**

Total Due 598.00

Paid receipt number R-60627 598.00

Balance due 0

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

I hereby authorize the interment in lot I hold under deed

Signature _____

MORT 2 pay

Work Order # E 20542

REA-104 (3-04)

231335
 Print Name _____
 Address _____
 City _____ Zip Code _____
 Telephone _____

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

E20542

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-16-92

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

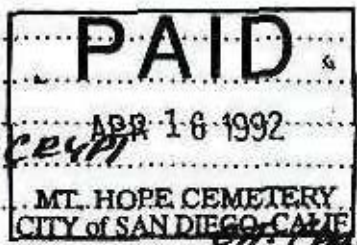
of Jack J. Kimbrough

in a DBL CRYPT Vault/Unit Funeral date, time Sat 4/18 11AM

Church, Chapel, Graveside Church, G.S. Pagsdale Mortuary
arrive about 1:00 P.M.

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

Lot 91 Grave 1 Row _____ Section 2 Division/Block 12



Grave space & Care Fund	.....	<u>695.00</u>
Additional spaces and care fund	.....	.....
Opening/Closing & Setup	.....	<u>350.-</u>
Burial Container	<u>DBL CRYPT</u>	<u>330.-</u>
Handling Fees	.....	<u>320.-</u>
Flower vases - Marker setting fee	.....	<u>580.-</u>
Recording and filing fee	.....	<u>45.-</u>
Sales taxes	.....	<u>25.58</u>
Total Due	.....	<u>2345.58</u>
Paid receipt number	<u>42132</u>	<u>2345.58</u>
Balance due	.....	<u>0</u>

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

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

Signature of record holder of deed _____

Annella Kimbrough
Signature
71610 Bath 40th St.
Address
Calif. San Diego 92113
State Zip Code
262 5305
Telephone

Work Order # E 10030
Pr-583 (REV. 8-85)

Invoice # 42132
Acct. # _____

E20542

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Jack Kimbrough

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

Burial Container Double-Depth "B"

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Quincena

Interment Date: Tues Jan 8 Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: _____ Lot: 91 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20542

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 98

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

1A. NAME OF DECEDENT - FIRST (GIVEN) QUINCELLA	1B. MIDDLE PEARL	1C. LAST (FAMILY) KIMBROUGH	2. DATE OF BIRTH MONTH DAY YEAR 11/17/1909	3. DATE OF DEATH MONTH DAY YEAR 01/01/2008	4. SEX F
5A. CITY OF DEATH INGLEWOOD	5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE LOS ANGELES	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JACQUELINE KIMBROUGH-RYAN, DAUGHTER 5203 MARBURN AVENUE LOS ANGELES, CA 90043			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329		8A. SIGNATURE OF APPLICANT - Person taking permit <i>Sierrita P... 01/08/08</i>	
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/08/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT JONATHAN FIELDING, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA LOS ANGELES CO DEPT OF PUBLIC HEALTH 313 NORTH FIGUEROA STREET, RM L-1 LOS ANGELES, CA 90012	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
--	-------------------------------

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 1-8-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Per... 1-8-08</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 1-2-2008

*At need
in grave of
Gregory Albert*

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

of Bessie L. Albert 206346

in a Double Depth "B" Funeral, date, time Tues Jan 8th 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 2 Blk/Row _____ Lot 39 Grave 3

Grave space & Care Fund E-2089 (1981) ⊖

Overtime/Late Arrival Fees E-19199 _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due ⊖

Paid receipt number N/A _____

Balance due ⊖

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

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

X Signature _____

See attached
 Print Name
 Address
 City
 Telephone
 Zip Code _____

Work Order # E 20543

Invoice # _____
 Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-2-2008

*At need
in grave of
Gregory Albert*

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

of Bessie L. Albert 200346

in a Double Depth "B" Funeral, date, time Tues. Jan 8th 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 2 Blk/Row _____ Lot 39 Grave 3

Grave space & Care Fund E-2089 (1981) ⊖

Overtime/Late Arrival Fees E-19199

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due ⊖

Paid receipt number N/A

Balance due ⊖

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

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

X Signature

X Print Name see attached

X Address _____

X City _____ Zip Code _____

X Telephone _____

Invoice # _____

Acct. # _____

E 20543

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-21-05

E20543

*See (Res)
arrival 3:30
Per Kevin/Holman*

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

of GREGORY B. ALBERT 229141

in a DD CRYPT "A" Funeral, date, time Monday June 27th 1:00p.m

Church, Chapel, Graveside Phillips Temple; 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. J. Albert

Division 12 Section 2 Blk/Row _____ Lot 39 Grave 3

Grave space & Care Fund E-2089 (1981) ⊖

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 413.00

Burial Container DD CRYPT A 418.00

Handling Fees PAID 357.00

Flower vases - Marker setting fee ⊖

Recording/Filing/Transfer Fees JUN 23 2005 50.00

Sales taxes 32.40

MONT. TO pay MOUNT HOPE CEMETERY Total Due \$ 1,265.40

Paid receipt number R-58995 1,265.40

Balance due ⊖

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. 229142

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

X Bessie L. Albert Signature

X BESSIE R. ALBERT Print Name

15020 LISE AVE Address

SAN DIEGO, CA 92102 City

X 619-263-0877 Telephone

*Billed family 6-28-05
late arrival fees
R/ 6-30-05 Visa*

Work Order # E 19199

Invoice # _____

Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH in grave w/ gregory albert

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

Burial Container DD Crypt B

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Bessie Albert

Interment Date: 1-8-08 Time: 10:00 Church

Div: 12 Sect: 2 Blk/Row: _____ Lot: 39 Grave: 3

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

79

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

1A. NAME OF DECEDENT - FIRST (GIVEN) BESSIE	1B. MIDDLE REE	1C. LAST (FAMILY) ALBERT	2. DATE OF BIRTH MONTH, DAY, YEAR 12/02/1928	3. DATE OF DEATH MONTH, DAY, YEAR 01/02/2008	4. SEX F
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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 JACQUELINE ALBERT, DAUGHTER 1918 SULLIVAN DRIVE DOTHAN, AL 36303
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329
--	--

ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103000 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>Sterrika Brown</i>	8B. DATE SIGNED 1/8/08
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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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/08/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
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10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-8-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norma Lopez</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

Disinterment

City of San Diego

Date 1-3-2008

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

of EICHI KOBAYASHI

in a _____ Funeral, date, time 1-3-08 Thurs.

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 ~ Bk/Row ~ Lot 2672 Grave 1

Grave space & Care Fund E-001198

Overtime/Late Arrival Fees Disinterment 660.00

Opening/Closing & Setup _____

Burial Container **PAID** _____

Handling Fees _____

Flower vases - Marker setting fee JAN - 3 2008 _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

MOUNT HOPE CEMETERY

Total Due 660.00

Paid receipt number R-60606 660.00

Balance due 0

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

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

X Chiyoko Kobayashi
Signature

CD 60105626

senior ID 11-10-16

Work Order # E 20544

N.R.
Y Chiyoko Kobayashi
Print Name
535165 Ballantine Pl
Address
Fremont, CA 94536
City
510-797-8805 Zip Code
Telephone

Invoice # _____

Acct. # _____

E20544

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-3- 1980

CHARGE Chiyocho Kobayashi

ADDRESS 6224 So. 46th St. S.D. 92113

NAME OF DECEASED Etsuko KOBAYASHI

OWNER (Wife)

ADDRESS _____

MORTUARY Lewis - BenBough

LOT 2672 GR _____ ROW _____ SEC _____ DIV D

OPENING TIME 10:00 hrs DAY DATE FRIDAY 3-14-80

VAULT Ash SIZE _____ @ 2

REMOVAL OR FOUNDATION VET. _____

*11/3/2008 Disinterment of Etsuko Kobayashi MS-Kobayashi was end interment. Will be buried elsewhere 2/26/13
SEE COPY of E-20544
Return for 28193*

TOTAL 58.30

TOTAL 58.30

BALANCE _____

*will call regarding
date & time
Interment left side
Charge on day of Service
The Med. Hd. on 10.10.1980*

PAID
MAR 13 1980
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED Nancy M. Mendenhall ORDER TAKEN BY Wallace
IN PERSON PHONE BY _____

W.O. NO. E001198 INVOICE NO. Cash



E20544

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF EICHI KOBAYASHI

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of EICHI KOBAYASHI 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 EICHI KOBAYASHI 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 EICHI Kobayashi is identified as:

Lot 2672 Grave Section Division 10

We acknowledge that we have been advised that the remains of may not be present and/or intact.

Chiyoko Kobayashi SIGNATURE(S) wife RELATION TO DECEASED

Pauline Crawford WITNESSED BY Senior CD 60105626 11-10-16

1-3-2008 DATE



E20544

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Ø

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

Burial Container

ASH URN

			X			

Flagged

Yes

No

Blind check Initiated by:

Date:

Interment space for:

EICHI KOBAYASHI

Interment Date:

1/3/2008

Time:

" Now "

Div:

10

Sect:

Blk/Row:

Lot: 2672

Grave: 1

Grave Laid out by:

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Date

Cremains were placed at:

of grave

E20545

**NOT INCLUDED
IN THIS SPINDLE:**

E20500_ E20599

E20546

NOT INCLUDED

IN THIS SPINDLE:

E20500_ E20599

E20547

**NOT INCLUDED
IN THIS SPINDLE:**

E20500_ E20599

E20548

**NOT INCLUDED
IN THIS SPINDLE:**

E20500_ E20599

E20549

**NOT INCLUDED
IN THIS SPINDLE:**

E20500_ E20599

E20550

NOT INCLUDED

IN THIS SPINDLE:

E20500_ E20599

E20551

**NOT INCLUDED
IN THIS SPINDLE:**

E20500_ E20599

E20552

NOT INCLUDED

IN THIS SPINDLE:

E20500_ E20599

E20553

**NOT INCLUDED
IN THIS SPINDLE:**

E20500_ E20599

E20554

NOT INCLUDED

IN THIS SPINDLE:

E20500_ E20599

E20555

**NOT INCLUDED
IN THIS SPINDLE:**

E20500_ E20599

E20556

**NOT INCLUDED
IN THIS SPINDLE:**

E20500_ E20599

E20557

**NOT INCLUDED
IN THIS SPINDLE:**

E20500_ E20599

E20558

**NOT INCLUDED
IN THIS SPINDLE:**

E20500_ E20599

E20559

**NOT INCLUDED
IN THIS SPINDLE:**

E20500_ E20599

**MT. HOPE CEMETERY
INTERMENT ORDER**

At Need

City of San Diego

Date 1-3-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rifkat Sadounikov 23133th

in a Double-Depth "A" Funeral, date, time Mon. Jan 7th Noon

Church Chapel, Graveside armenia Mayer Mortuary: 619-251-7557

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 4 Blk/Row _____ Lot 23 Grave 6
Grave space & Care Fund 2264.-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.-

Burial Container 639.-

Handling Fees 454.-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 65.-

Sales taxes _____

**PAID
JAN - 3 2008**

MOUNT HOPE CEMETERY

Total Due 3,896.77

Paid receipt number AP070114 2,000.00

Balance due 1,896.77

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 _____ hold under deed _____

Signature [Signature]

231330 ford
XVLAD SADOUNIKOV
Pvt Name
x6824 MYDE PARK DR#C
Address
X SAN DIEGO CA 92119
City Zip Code
x(619) 884-2788.
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20560

E20560

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container D.O. Crypt "A"

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Rifat Sadounikov

Interment Date: 1/7/08 Time: 11:00 Church

Div: 5 Sect: 4 Blk/Row: _____ Lot: 23 Grave: 6

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20560

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

63

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

1A. NAME OF DECEDENT - FIRST (GIVEN) RIFKAT	1B. MIDDLE -	1C. LAST (FAMILY) SADOVNIKOV	2. DATE OF BIRTH MONTH DAY YEAR 11/22/1944	3. DATE OF DEATH MONTH DAY YEAR 01/02/2008	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 VLAD SADOVNIKOV, SON 6824 HYDE PARK DR. #C SAN DIEGO, CA 92119
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT - Person taking permit <i>[Signature]</i>	8B. DATE SIGNED 01/04/2008
--	--	---	--------------------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on 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 <small>AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION</small>	<small>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA</small> 11.00	<small>9A. AMOUNT OF FEE PAID</small> 11.00	<small>9B. DATE PERMIT ISSUED</small> 01/04/2008	<small>9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT</small> WILMA WOOTEN, MD
	<small>10. AUTHORIZED DISPOSITION(S)</small> BU	<small>FOR CORONER'S USE ONLY</small>		

<small>10. AUTHORIZED DISPOSITION(S)</small> BU	<small>11. NAME AND ADDRESS OF CALIFORNIA CEMETERY</small> MT.HOPE CEMETRY, 3751 MARKET ST., SAN DIEGO, CA 92102	<small>11B. DATE BURIED</small> 1-7-2008	<small>11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL</small> <i>[Signature]</i>
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<small>COMPLETE ALL APPLICABLE ITEMS</small>	<small>12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY</small>	<small>12B. DATE CREMATED</small>	<small>12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION</small>
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<small>COMPLETE ALL APPLICABLE ITEMS</small>	<small>13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS</small>	<small>13B. DATE RECEIVED</small>	<small>13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY</small>
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<small>COMPLETE ALL APPLICABLE ITEMS</small>	<small>14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED</small>	<small>14B. DATE SHIPPED</small>	<small>14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER</small>
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<small>COMPLETE ALL APPLICABLE ITEMS</small>	<small>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</small>	<small>15B. DATE OF DISPOSITION</small>	<small>15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION</small>	<small>15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER - IF APPLICABLE</small>
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COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT: HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At need

Date 1-3-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christian Fagua (infant) 231333

In a _____ Funeral, date, time Jan 7th Monday 2:00 pm
Type of Burial Container _____
Church, Chapel, Graveside _____ Mortuary: Guadalupeana

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 770 Grave 1

Grave space & Care Fund 142.-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 178.-

Burial Container 99.-

Handling Fees 36.-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 65.-

Sales taxes 7.67

Total Due 527.67

Paid receipt number R-60618 527.67

Balance due 0

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 231332

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

X
Signature

X Lavonne Lira
First Name
575 60th St
Address
SAN DIEGO 92114
City Zip Code
X
Telephone

Invoice # _____

Work Order # E 20561 Acct. # _____

E20561

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

N/A

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

Burial Container _____

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Christian Fuqua (infant)

Interment Date: Mon 4/7 Time: 2 pm

Div: 9 Sect: 1 Blk/Row: _____ Lot: 770 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20561

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) CHRISTIAN	1B. MIDDLE JOHN	1C. LAST (FAMILY) FUQUA	2. DATE OF BIRTH MONTH DAY, YEAR 07/11/2007	3. DATE OF DEATH MONTH DAY, YEAR 12/28/2007	4. SEX M
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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 LAVONNE LIRA, MOTHER 575 60TH ST. SAN DIEGO, CA 92114
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1425	8A. SIGNATURE OF APPLICANT - Person issuing permit	8B. DATE SIGNED
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 01/04/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
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10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORNER'S USE ONLY
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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 1-7-2008	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>W. J. Armstrong</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

At Need

City of San Diego

Date 1-3-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Norma Jones 231328

in a Tx Vault Funeral, date, time Monday Jan. 7th 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 75 Grave 3

Grave space & Care Fund 1132.-

Overtime/Late Arrival Fees

Opening/Closing & Setup..... **PAID** 266.50

Burial Container..... 355.00

Handling Fees..... 131.50

Flower vases - Marker setting fee **MOUNT HOPE CEMETERY**..... ~

Recording/Filing/Transfer Fees..... 82.50

Sales taxes..... 1376

Total Due..... 1931.26

Paid receipt number AP040254 1931.26

Balance due 0

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

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

M = C = C
Signature

X Winnie McCue 231327
Print Name
X 5852 Duluth Ave
Address
San Diego CA 92114
City Zip Code
X 614-262-7913
Telephone

COL NT732837 2079

Work Order # E 20562

Invoice # _____

Acct. # _____

F20562

CALIFORNIA

IDENTIFICATION CARD

EXPIRES 08-18-05

C1937414



NORMA JEAN JONES
5852 DULUTH AVE
SAN DIEGO CA 92114

SEX:F HAIR:BLK
HT:5-04 WT:135



DOB:08-18-55

01/22/2000 506 17 FD/05



E20562

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY
LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services to the public. Fee waivers are meant for those who are financially unable to afford to participate in a program. All persons submitting a fee waiver are required to submit verification of income and proof of residency as proof of qualification.

Name of Deceased: Norma Jones

Address: 5852 Duluth Ave

City: San Diego State CA Zip Code 92114

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

<input checked="" type="checkbox"/> Annual Income	Annual Income
<input type="checkbox"/> (1) \$14,400	<input type="checkbox"/> (4) \$ 39,980
<input type="checkbox"/> (2) \$ 23,590	<input type="checkbox"/> (5) \$ 47,180
<input type="checkbox"/> (3) \$ 32,390	<input type="checkbox"/> (6) \$ 55,180

For larger families, add \$8,000 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that persons' household. Please submit the deceased's current internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

[Signature] son 12/3/07
Signature Relationship Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

[Signature] 1/03/08
Approved by Date

Current _____ Documents verified on: _____

Approved By _____

Date _____



E20562

SOCIAL SECURITY ADMINISTRATION

Date: January 3, 2008
Claim Number: 552-94-0409A
552-94-0409DI

SHALIMAR JACKSON FOR
NORMA J JONES
6392 LAKE ARIANA
SAN DIEGO CA 92119-3433

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2007, the full monthly Social Security benefit before any deductions is.....\$ 301.00

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 301.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 619-440-6920. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
846 ARNELE AVE
EL CAJON, CA 92020

If you do call or visit an office, please have this letter with you. It will help us answer your questions.


OFFICE MANAGER

E20562

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) NORMA	1B. MIDDLE JEAN	1C. LAST (FAMILY) JONES	2. DATE OF BIRTH MONTH, DAY, YEAR 08/18/1955	3. DATE OF DEATH MONTH, DAY, YEAR 12/30/2007	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 SHALIMAR JACKSON, SON 6392 LAKE ARIANA SAN DIEGO, CA 92119		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329	8A. SIGNATURE OF APPLICANT - Person holding permit * Siemka [Signature] 1/4/08		8B. DATE SIGNED
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA		9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/03/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION CAN BE CARRIED BY ROAD THEN ENTER CITY, STATE AND ZIP CODE		
10. AUTHORIZED DISPOSITION(S) BU			FOR CORONER'S USE ONLY		

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 1-7-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V89a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

AT USGD
INFANT - SAT AM

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-4-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HIRAM ABIV GARCIA (INFANT) 231341 in a SIZE 00A Type of Burial Container Funeral, date, time JAN 12 - 11:30 SAT

Church/Chapel, Graveside 11:30 10:30 BERGE ROBERTS Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 355

will be applied and billed to undersigned.

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

Grave space & Care Fund	PAID	<u>142-</u>
Overtime/Late Arrival Fees	SAT. FEB	<u>355-</u>
Opening/Closing & Setup	JAN - 7 2008	<u>178-</u>
Burial Container		<u>99-</u>
Handling Fees	MOUNT HOPE CEMETERY	<u>36-</u>
Flower vases - <u>wo 6078</u> Marker setting fee		<u>33.09</u>
Recording/Filing/Transfer Fees		<u>65-</u>
Sales taxes		<u>7.67</u>

Total Due 915.76

Paid receipt number Visa Exp 870 915.76

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. 231340

I hereby authorize the interment in lot 1 hold under deed.

Signature [Signature]

BONIFACIO GARCIA
Print Name
6909 ALCONA ST #4
Address
SAN DIEGO CA 92139
City Zip Code
(619) 8233709
Telephone

PHODEL
CR CD

Work Order # E 20563

Invoice # _____
Acct. # _____

CASKET
1 1/2" L

L 24" W 11" H 9" SIZE 00A
MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET E20563

DATE/TIME RECEIVED CALL: 1/4/08

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

MORTUARY NAME: Berge Roberts MORTUARY
 FAMILY MEMBER/REPRESENTATIVE Andrea
CONTACT PERSON: ADA & BONIFACIO (CONSULTOR)

6909 ALCONA ST. BONIFACIO GARCIA
#4 NAME OF DECEASED: Small infant 69-823 0785

S.D. 97139 LAST NAME: _____

FIRST NAME: HIRAM ~~ABIV~~ ABIV GARCIA

DOD: _____ DOB: _____

VETERAN BRANCH OF SERVICE: _____

REGULAR SIZE CASKET OVERSIZE CHILD

FUNERAL SERVICE

TYPE OF SERVICE: CHURCH CHAPEL GRAVESIDE

LOCATION OF SERVICE: 10:30 BONITA

DATE OF SERVICE: Jan 12 TIME OF SERVICE: 11:30

EXPECTED ARRIVAL TIME AT MT. HOME: 11:30

CEMETERY PROPERTY: A/N P/N P/N TRUST

DIV: _____ SECT: _____ BLK/ROW: _____ LOT: _____ GRAVE: _____

SINGLE GRAVE CREMATION

DBL DEPTH 1st BURIAL 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE COMMITTAL GRAVESIDE

WITNESS ONLY DELIVERY ONLY

P/A DELIVERY MILITARY DETAIL

SPECIAL INSTRUCTIONS: \$ 701.31 non cap

Div. 9-1 \$ 527.67 Res.

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container OOA

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Hiram A. Garcia (Infant)

Interment Date: Jan 12th Time: 11:30 Sat.

Div: 9 Sect: 1 Blk/Row: _____ Lot: 1 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E20563

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

1A. NAME OF DECEDENT—FIRST Hiram		1B. MIDDLE Abiv	1C. LAST Duran-Garcia
2. SEX M	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 01/02/2008
6A. CITY OF DEATH San Diego		6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE San Diego	
7A. NAME OF INFORMANT Bonifacio Garcia		7B. RELATIONSHIP TO DECEDENT Father	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE El Camino Memorial-N.C. 607 National City Blvd. National City, CA 91950 C. Grier
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 6909 Alconia St. #4 San Diego CA 92139		8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE fd-284 2800044	

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055		9A. APPLICANT SIGNATURE <i>Carla Abiv</i>	9B. DATE SIGNED 01/09/2008
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PERMIT AND 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.

10A. AMOUNT OF FEE PAID \$ 11.00	10B. DATE PERMIT ISSUED 01/09/2008	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
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10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records...P.O. Box 85222 San Diego, CA 92186-5222	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D —
--	---

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	12B. DATE BURIED 1/12/08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ <i>Kenneth Collins</i>	

CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	

SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	15D. DATE SHIPPED

SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:
COPY 1 — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.
COPY 2 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.
COPY 4 — RETAINED BY REGISTRAR ISSUING THE PERMIT.
 * 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

A+ Need

Date 1/4/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOIS ALLEN 206362 san.

in a LINER Type of Burial Container Funeral, date, time Thurs 10th 11 00
Church, Chapel, Graveside MAYER Mortuary SM

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 3

Grave space & Care Fund E-15060 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

*fax Branna
619-281-7587
619-281-7055*

Total Due 0

Paid receipt number E-15060

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 Signature _____

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

Work Order # E 20564

Invoice # _____

Acct. # _____

E20564

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 1/4/08

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

of LOIS ALLEN ^{30th}

in a LINER ^{Funeral, date, time} THURS 10th 11:00

Church, Chapel, Grounds MAVER 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 3 Below Lot 136 Grave 3

Grave space & Case Paid E-15060 0

Overtime/Late Arrival Fee 0

Opening/Closing & Setup 0

Burial Container 0

Handling Fee 0

Flower vase - Market selling fee 0

Recording/Tag/Transfer Fee 0

Sales Tax 0

Total Due 0

Paid receipt number E-15060

Balance due 0

*Full amount
609-281-7597
609-281-7053*

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

I hereby authorize the interment to be held under deed.

X Oriona Brethilla Deputy Public Administrator

5201A Ruffin Rd

San Diego, CA 92123

X (858) 694-3531

Work Order # E 20564

Invoice # _____

Acct. # _____

NO. 398
NO. 570
MORTUARY SERVICES
1:27 PM
JAN. 9. 2008

E20564

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Ⓟ

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

Burial Container _____

Lmer

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Lois Allen

Interment Date: 11/10/08 Time: AYD

Div: 12 Sect: 3 Blk/Row: _____ Lot: 136 Grave: 3

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20564

PRE-NEED
LOT * TRUST

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-20-99

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

of LOIS ALLEN

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

Church, Chapel, Graveside MAYER Mortuary.

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

will be applied and billed to undersigned: _____

Lot 136 Grave 3 Row _____ Section 3 Division 12

Grave space & Care Fund 895.00

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 1664.73

Paid receipt number 51208 1664.73

Balance due 0

KATHERINE HOWARD
P.A.

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

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

Signature of recorded holder of deed _____

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

Work Order # E 15060

Invoice # _____

Acct. # _____

PRE-NEED
LOT * TRUST

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date: 5-20-99

You are hereby authorized and instructed, subject to your wishes and regulations, to interment the body of LOIS ALLEN

Funeral Home: MAYER Mortuary

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

Lot 136 Grave 3 Row _____ Section 3

Use of vault - 3 Grave Fund _____

Additional _____

Opening	375.00
Burial Container	190.00
Handling Fees	145.00
<hr/>	

Flower vases - Marker setting fee	
Recording and filing fee	45.00
Taxes fees	14.73
TOTAL	1664.73

KATHERINE HOWARD
P.A.

I hereby certify _____ and this is valid _____ any liability on it _____

I hereby authorize the interment to take hold under deed _____

Signature of member of the _____

Katherine Howard
 Deputy Public Guardian
 and Caretaker for Lois Allen
 Conservator

5201-A Ruffin Rd
 San Diego 92123
 619 694-3500

Work Order # E 15060

E20564
51208

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA



WRITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

From County of SD Address 5201-A Ruffin Rd. SD 92123
one thousand six hundred six and 13/100 Dollars \$ 1664.73
In full Payment of priced lot & trust

Lot 136 Grave 3 Row _____ Section 3 Division/Block 2

Invoice No. _____
Acct. No. _____
W.O. E15000
BALANCE DUE 2

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

Chungvallone
ISSUED BY _____

CREDIT	67007	179	00
20% Sales Tax	77184		
Sale Sales	100	711	00
of Lots	77184		
Opening/	100	375	00
Closing	77181		
Burial	100	190	00
Containers	77182		
	100	148	00
Handling Fee	77185		
Recording &	100	45	00
Misc. Fees	77183		
Pre-Need	48033		
Trust	9022		
Sales Tax	90101	14	73
	78390		
TOTAL PAID		\$ 1664	73

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
AC-212 (Rev. 5-94) 194596

E20564

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

66

1A. NAME OF DECEDENT - FIRST (GIVEN) LOIS	1B. MIDDLE LOUISE	1C. LAST (FAMILY) ALLEN	2. DATE OF BIRTH MONTH, DAY, YEAR 07/17/1941	3. DATE OF DEATH MONTH, DAY, YEAR 12/24/2007	4. SEX F
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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 BRIANA BRETILLO, DEPUTY PA 5201-A RUFFIN RD. SAN DIEGO, CA 92123
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MAYER MORTUARY, 2859 ADAMS AVENUE SAN DIEGO, CA 92116	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1424	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Rose Zullo</i>	8B. DATE SIGNED 01/08/2008
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/09/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
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10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92101	11B. DATE BURIED 1/10/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Michael J. Acker</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7064.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

At Need

City of San Diego

Date 1-7-2008

Pin: 231337

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

of Jacquelyn Raye King ^{10:00}
in a Double-Depth "A" Funeral, date, time Wed Jan 9th 2008

Church, Chapel ^{Type of Burial Container} 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 W Lot 79 Grave 9

Grave space & Care Fund E-10168 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.-

Burial Container PAID 539.-

Handling Fees 454.-

Flower vases - Marker setting fee JAN -7 2008 _____

Recording/Filing/Transfer Fees 65.00

Sales taxes MOUNT HOPE CEMETERY 41.77

Total Due 1,632.77

Paid receipt number R-60619 1,632.77

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.

Rachel McGilch
Signature

21.3375
Rachel McGilch
First Name
44933 Dafter Drive
Address
San Diego, CA 92102
City Zip Code
4619-262-2902
Telephone

Work Order # E 20565

Invoice # _____

Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Double-Depth "A"

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Jacquelyn R. King

Interment Date: 1/9/08 Time: 10:00 Am

Div: 11 Sect: 1 Blk/Row: ~ Lot: 79 Grave: 9

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20565
2168
1961
47

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) JACQUELYN	1B. MIDDLE RAYE	1C. LAST (FAMILY) KING	2. DATE OF BIRTH MONTH DAY YEAR 03/29/1961	3. DATE OF DEATH MONTH DAY YEAR 01/02/2008	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 RACHEL MCGILL, MOTHER 4933 DAFTER 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 FD1329		8A. SIGNATURE OF APPLICANT - <i>Sierrika King</i>
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 1/7/08		

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/07/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-9-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Perques</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

AT 11660
WILL CARRY MARKER

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-7-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JESUS DELA CRUZ 225497

in a DD Type of Burial Container Funeral, date, time FRI 1-01-08 2 PM

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 5010 Grave 1

Grave space & Care Fund E8780 E7497 E10034 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

PAID

JAN 1 1 2008

MOUNT HOPE CEMETERY
Total Due 0

Paid receipt number PKG-PAID

Balance due 0

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

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

Signature [Handwritten Signature]

Jesus De La Cruz 231339
Print Name
47014 SAN MIGUEL AVE
Address
HEAVEN GARDEN CA 91945
City
619-460-9728
Telephone
Zip Code

Work Order # E 20566

Invoice # _____
Acct. # _____

Pre-Need Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/17/92

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

of Jesus - North De La Cruz
in a F.S. Vault Double Deck Only
Funeral, date, time

Church, Chapel, Graveside _____ Mortuary _____

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

Lot 5088 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need (E-8780) 0

Additional spaces and care fund 6-1-92 upgrade to Double Deck

Opening/Closing & Setup 2 @ 30 Burial #10 - 350.00

Burial Container 330 - 390.50

Handling Fees 320

Flower vases - Marker setting fee _____

Recording and filing fee 2 @ 45 90 45.00

Sales taxes 25.58

Total Due 1465.51 485.50

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 10034**

Pr. 582 (REV. 8-88)

De La Cruz, Jesus & Norah

ADDRESS 7014 San Miguel, Lemon Grove, CA 92045

RATING

DEBIT

CREDIT

LIMIT BALANCE

DATE	ITEMS	RATING	DEBIT	CREDIT	LIMIT	BALANCE
88	Lot 5010, DIVISION 10		695.00			
88	Receipt 36847			28.00		667.00
88	Receipt 36468			28.00		639.00
88	Receipt 33605, Coupon 3			28.00		611.00
88	Receipt 36052, Coupon 4			28.00		583.00
88	Receipt 36895, Coupon 5			28.00		555.00
88	Receipt # 37020, Coupon # 6			28.00		527.00
88	Coupon 7, Receipt 37126			28.00		499.00
88	Coupon 8, Receipt 37205			28.00		471.00
88	Coupon 9, Receipt 37431			28.00		443.00
88	Coupon 10, Receipt 37575			28.00		415.00
88	Coupon 11, Receipt 37724			28.00		387.00
88	Coupon 12, Receipt 37887			28.00		359.00
88	Coupon 13, Receipt 38224			28.00		331.00
88	Coupon 14, Receipt 38473			28.00		303.00
88	Coupon 15, Receipt 38020			28.00		275.00
88	Coupon #17, Receipt 38512			28.00		247.00
88	Coupon #18, Receipt 38609			28.00		219.00
88	Coupon #19, Receipt 38308			28.00		191.00

FORM NO. 26-30M De La Cruz, Jesus & Norah

5010 - 10

PRINTED IN USA

5088 020-0920 E20564

ACCT. NO. E-7497

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-23-88

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

of Jesus & Nora Cruz

In a Vault/Line Funeral, date, time Mortuary.

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

Location 5010 Grave Row Section Division 10

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filling fee

Sales taxes

Total Due 695.00

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 hold under deed.

Signature of named holder of deed

Signature Address State Zip Code Telephone

Work Order # E 7497 Invoice # Acct. #

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

No 11833

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Jesus & Nora DeLa Cruz for the sum of \$ 695.00 (DOLLARS)

LEGAL DESCRIPTION Lot 5088, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-8780

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery. It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of the plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Wendy Jo League
Cemetery Manager

Chas Kullman
Property Director

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container DD Crypt

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Jesus de la Cruz

Interment Date: 1/11/08 Time: 2: PM

Div: 10 Sect: _____ Blk/Row: _____ Lot: 5010 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

ENLISTED RECORD AND REPORT OF SEPARATION

E20566

HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL DE LA CRUZ JESUS		2. ARMY SERIAL NO. RA39 293 897	3. GRADE Pvt	4. ARM OF SERVICE M P	5. COMPONENT RA-15 Mos
6. ORGANIZATION Co & Esc Det 6200 ASU Co McQuaide Calif		7. DATE OF SEPARATION 4 Mar 1947	8. PLACE OF SEPARATION Ft Ord Calif		
9. PERMANENT ADDRESS FOR MAILING PURPOSES 86 Irving Ave San Diego Calif		10. DATE OF BIRTH 8 Sept 1921	11. PLACE OF BIRTH San Diego Calif		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT See item nine		13. COLOR EYES brown	14. COLOR HAIR black	15. HEIGHT 5' 7"	16. WEIGHT 150 lbs.
17. NO. DEPEND.	18. RACE Mexican		19. MARITAL STATUS X		20. U.S. CITIZEN XX
21. CIVILIAN OCCUPATION AND NO. Laborer 590					

MILITARY HISTORY

22. DATE OF INDUCTION 1 Dec 1945		23. DATE OF ENLISTMENT 1 Dec 1945		24. DATE OF ENTRY INTO ACTIVE SERVICE 1 Dec 1945		25. PLACE OF ENTRY INTO SERVICE England	
26. REGISTERED NO		27. LOCAL S.S. BOARD NO.		28. COUNTY AND STATE		29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE 19 Mansley St San Diego Calif	
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. Military Policeman 677				31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.) Marksmen Rifleman M-1			
32. BATTLES AND CAMPAIGNS None							
33. DECORATIONS AND CITATIONS None							
34. WOUNDS RECEIVED IN ACTION None							
35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN			
SMALLPOX Aug 45	TYPHOID Apr 45	TETANUS	OTHER (specify)	DATE OF DEPARTURE 25 May 1946	DESTINATION USA	DATE OF ARRIVAL 7 June 1946	
37. TOTAL LENGTH OF SERVICE				38. HIGHEST GRADE HELD			
CONTINENTAL SERVICE		FOREIGN SERVICE		Private			
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS		
0	8	8	0	6	6		
39. PRIOR SERVICE US Army 2 years 7 months 17 days							
40. REASON AND AUTHORITY FOR SEPARATION AR 615-360 Expiration of Term of Service							
41. SERVICE SCHOOLS ATTENDED None						42. EDUCATION (Years)	
						Grammar	High School
						8	1
							0

PAY DATA


9864


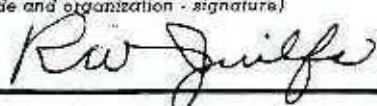
43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER	
YEARS	MONTHS	DAYS	TOTAL	THIS PAYMENT	None	\$ 24.85	24.85	LEE R WOODS, Jr Lt Col ED
8	10	21	\$ None	\$ None				

INSURANCE NOTICE

IMPORTANT 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 U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

48. KIND OF INSURANCE			49. HOW PAID		50. Effective Date of Allotment Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO		
Nat. Serv.	U.S. Govt.	None	Allotment	Direct to V. A.	28 Feb 1947	31 Mar 1947	\$ 6.60	Continue	Continue Only	Discontinue
X			X							X

54. 	RIGHT THUMB PRINT	55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)
		<p>Lapel Button issued No absence A^N 107 Recommended for further Military Training</p>

SIGNATURE OF PERSON BEING SEPARATED 	57. PERSONNEL OFFICER (Type name, grade and organization - signature) R W JUILFS CWO USA ASSISTANT ADJUTANT 
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Army of the United States



Honorable Discharge

This is to certify that

JESUS DE LA CRUZ RA39293897

Private

Guard and Escort Detachment 6200 Army Service Unit

Army of the United States

is hereby Honorably Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to this country.

Given at Fort Ord California

Date 4 March 1947

ALBERT J MCCURDY JR
Lieut Colonel Cavalry

	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	F
✓ 5077	Dimry, Cecil Allen	Dimry, Charles L.	10/06/1989	\$695.	10/10/1989	E-8322	Top Sea
✓ 5078	AGAMIRZOYAN, SUREN THOMAS	PETROSYAL, MILENA	08-29-1996	\$1095.	08-31-1996	E-13164	LINER
5079		MILENA, PETROSYAN & AGAMIRZOYAN, STELLA	09-06-1996	\$1095.		E-13176	
✓ 5080	KUZIN, TATIANA	Ballman, Vera	05-22-95	\$1095.	10-24-97	E-13899 E-12258	Over
✓ 5081	PETROWSKY, EUGENIA	Eugenia Petrowsky	5/22/95	\$1095	12-23-99	E-15403 E-12257	OVER Li
X 5082	TSATURZAN ELINA	MARINA BALABEKIAN	04 07 2003	1095 00	04 09 2003	E-17683	liner
5083		MARINA BALABEKIAN	09/28/05	\$1095.00		E-17740	liner
✓ 5084	RENE, Tennessee C. L.	BURNS, Lallene C.	7/22/1978	350.00	02/07/1986	E-5705 D-9451	
✓ 5085	White, Anthony	Burns, Lallene C.	03/28/1988	\$695.	03/30/1988	E-7314	T.S. Var
5086		Apodaca, Josephine & Wm.	1-2-92	\$895.		E-9870	Deed #119
5087	not usable						
5088	not usable	DeLaCruz, Norah & Jesus	4-2-92	\$695.		E-8780	(OVER)

1-31-97 Pre-need Lot & Trust paid in full for Tatiana Kuzin (mother). Trust includes Opening/Closing, Handling Fee, Liner, Recording fee and tax on liner.

:-Need Trust **PAID IN FULL E-12257** Trust: O/C; Liner; Handling Fee; Recording Fee; Tax on Liner.

6-1-92
1-92: DeLaCruz returned lot to cemetery for credit on pre-need trust of double depth crypt on lot 5010, div 10. See W.O. E-10034

E20566

STATEMENT OF DEATH BY FUNERAL DIRECTOR

NAME OF DECEASED JESUS DE LA CRUZ		SOCIAL SECURITY NUMBER 571-07-5555
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>		FOR SSA USE ONLY
		Please complete the items below, and return the form in the enclosed addressed, postage paid envelope. Your assistance and cooperation are appreciated.

PRIVACY ACT/PAPERWORK ACT NOTICE: The information on this form is authorized by Section 404.715 and 404.720 of the Federal Regulations (20 CFR 404.715 and 404.720). While your response is voluntary, we need your assistance to make an accurate and timely determination concerning the death of the individual named above, and to determine if there are survivors who may be eligible for Social Security benefits.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3.5 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.**

1. NAME OF DECEASED JESUS DE LA CRUZ		2. SOCIAL SECURITY NUMBER 571-07-5555	
3. DATE OF DEATH 01/06/2008	4. DATE OF BIRTH (if known) 09/08/1921	5. Check (x) whether the deceased was <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

6. NAME OF WIDOW OR WIDOWER (if known)
Norah De La Cruz

7. ADDRESS (No. and Street, P.O. Box) OF WIDOW OR WIDOWER (if known)
7014 San Miguel Avenue

CITY Lemon Grove	STATE CA	ZIP CODE 91945	TELEPHONE NUMBER (if Available) (area code)
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I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

NAME AND ADDRESS OF FUNERAL DIRECTOR OR FIRM Conrad Lemon Grove Mortuary 7387 Broadway Lemon Grove, CA 91945-1533		SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED REPRESENTATIVE <i>Janet Soares</i>	
		TELEPHONE NUMBER (area code) (619) 460-4601	DATE 1/7/08

FOR SOCIAL SECURITY USE ONLY - DO NOT WRITE IN THIS SPACE

DO Processed (Date)

NOTICE TO PERSON EXECUTING
DURABLE POWER OF ATTORNEY

A durable power of attorney is an important legal document. By signing the durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this durable power of attorney, you should know these important facts:

- Your agent (attorney-in-fact) has no duty to act unless you and your agent agree otherwise in writing.
- This document gives your agent the powers to manage, dispose of, sell, and convey your real and personal property and to use your property as security if your agent borrows money on your behalf.
- Your agent will have the right to receive reasonable payment for services provided under this durable power of attorney unless you provide otherwise in this power of attorney.
- The powers you give your agent will continue to exist for your entire lifetime, unless you state that the durable power of attorney will last for a shorter period of time or unless you otherwise terminate the durable power of attorney. The powers you give your agent in this durable power of attorney will continue to exist even if you can no longer make your own decisions respecting the management of your property.
- You can amend or change this durable power of attorney only by executing a new durable power of attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate this durable power of attorney at any time, so long as you are competent.
- This durable power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is signed by two witnesses, they must witness either (1) the signing of the power of attorney or (2) the principal's signing or acknowledgment of the power of attorney. A durable power of attorney that may affect real property should be acknowledged before a notary public so that it may easily be recorded.

You should read this durable power of attorney carefully. When effective, this durable power of attorney will give your agent the right to deal with property that you now have or might acquire in the future. The durable power of attorney is important to you. If you do not understand the durable power of attorney, or any provision of it, then you should obtain the assistance of an attorney or other qualified person.

I understand the Notice above is required by law. This form does not grant the wide range of powers listed in the Notice.

Name of Principal Josiah De La Cruz Date 9-15-2000
 By Josiah De La Cruz } Attorney-in-Fact must complete these two lines exactly as checks will be signed
 SIGNATURE-ATTORNEY-IN-FACT

Above is the signature of LEO DE LA CRUZ who is authorized to contact all business relating to each of my accounts that I have listed on the reverse. Authority of my Attorney in Fact to conduct all business pertaining to my account(s) includes (but is not limited to) authority to continue, change, and terminate the account relationship; sign and deliver checks and other orders drawn on the account; endorse and deposit to the account checks and other orders; and withdraw by check or other order funds in my account. If my account is a time deposit, the authority applies to all renewals of the account, including renewals changing the term, the amount, or the account number of the deposit. If my account is a safe deposit box, authority includes access to my safe deposit box and removal of any contents. This authorization will exist until written notice of termination of such authority is given to the office of the listed account(s), or upon my death.

I have checked one of the boxes below to indicate my choice of power of attorney. If no box is checked, this will be considered a non-durable power of attorney.

- DURABLE** I want this to be a durable power of attorney. This means it will continue to exist in spite of my later disability or incapacity.
- NON-DURABLE** I want this to be a non-durable power of attorney. This means it will expire when the bank is notified of my death or incapacity.

Signatures witnessed by:
 [Signature] SIGNATURE
 [Signature] SIGNATURE
 BANK EMPLOYEE SIGNATURE SIGNATURE OF ACCOUNT HOLDER

This Authorization is terminated.
 X SIGNATURE OF ACCOUNT HOLDER DATE

Accounts covered by this Power of Attorney are (list account number):

E20566

CHECKING/SAVINGS/MONEYMARKET	TIME DEPOSIT	SAFE DEPOSIT
0091095380		

ATTORNEY-IN-FACT	
STREET ADDRESS, APT.	7014 SAN MIGUEL AVE
CITY, STATE ZIP CODE	LEMON GROVE CA 91945
MAILING ADDRESS	
HOME PHONE BUSINESS PHONE	(619)460-9728
BIRTH PLACE BIRTH DATE	SAN DIEGO CALIFORNIA 12-17-1925
MOTHER'S MAIDEN NAME	CORONA
<p>Complete if not witnessed by two Bank employees.</p> <p>State of _____) County of _____)</p> <p>On _____ before me, _____ a Notary Public for the State of _____, personally appeared _____</p> <p>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.</p> <p>WITNESS my hand and official seal.</p> <p>Signature _____ (Seal)</p>	

AUTHORIZED SIGNATURE 	REVIEWED BY 	DATE 9.15.00
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E20566

APPLICATION 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 -	1C. LAST (FAMILY) DE LA CRUZ	2. DATE OF BIRTH MONTH, DAY, YEAR 09/08/1921	3. DATE OF DEATH MONTH, DAY, YEAR 01/06/2008	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 LEO DE LA CRUZ, BROTHER 7014 SAN MIGUEL AVENUE LEMON GROVE, CA 91945	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY, 7387 BROADWAY LEMON GROVE, CA 91945-1533			7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD 941		8B. DATE SIGNED 01/11/2008
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 01/11/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
--	-------------------------------

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 1-11-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Pre-need trust

Date 1/7/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for monnie Fifer 207876

in a Liner T.S. 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 10 Section ~ Blk/Row ~ Lot 3142 Grave 1

Grave space & Care Fund 0

Overtime/Late Arrival Fees -

Opening/Closing & Setup 533.-

Burial Container 355-270.- *pc*

Handling Fees 263.-206.- *pc*

Flower vases - Marker setting fee -

Recording/Filing/Transfer Fees 65.-

Sales taxes 27.51 -2093 *pc*

1243.51 *pc*

Total Due 1,094.93 *pc*

Paid receipt number P-01098 598.- *pc*

Balance due 496.93

545.51

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 See Attached Zip Code _____

Telephone _____

Signature _____

Invoice # _____

Work Order # E 20567

Acct. # _____

E20567

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre-need
trust

Date 1/7/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for monnie Fifer 207876

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 10 Section ~ Blk/Row ~ Lot 3142 Grave 1

Grave space & Care Fund	.....	<u>0</u>
Overtime/Late Arrival Fees	.....	<u>-</u>
Opening/Closing & Setup	.....	<u>533.-</u>
Burial Container	.....	<u>270.-</u>
Handling Fees	.....	<u>206.-</u>
Flower vases - Marker setting fee	.....	<u>65.-</u>
Recording/Filing/Transfer Fees	.....	<u>2093</u>
Sales taxes	.....	<u>1,094.93</u>

Total Due 1,094.93
 Paid receipt number P-01098 598.-
 Balance due 496.93

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.

Monnie Fifer
Signature

Monnie Fifer
Print Name
Monnie Fifer
Address
3721 41st
City
San Diego Cal 92105
Zip Code

Telephone

Work Order # E 20567

Invoice # _____
Acct. # _____

E20567

Anderson-Ragsdale Mortuary
5050 Federal Blvd
San Diego, Ca 92101
619-263-3141

December 31, 2007

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

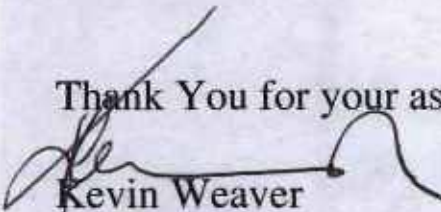
Re: Property of Monnie Fifer

Enclosed you will find a check in the amount of \$598 to be paid towards the amount of \$1094.93 for O/C and Liner for the grave of Ms Monnie Fifer.

Please mail the receipt to her with a payment schedule for the remaining balance.

Monnie Fifer
P.O. Box 5284
San Diego, CA 92165
(residence: 3221 41st St, San Diego, CA 92105)

Thank You for your assistance in this matter


Kevin Weaver
General Mgr.

DW 10 3140, 3141 or 3142

PAID

JAN - 3 2008

MOUNT HOPE CEMETERY

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 1-8-2008

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

of Ida Haynes 231338 L'00

in a Double-Depth "A" Funeral, date, time Friday Jan 11, 2008

Church, Chapel, Graveside Rogsdale 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 1 Grave 11

Grave space & Care Fund	PAID	<u>2264.00</u>
Overtime/Late Arrival Fees		
Opening/Closing & Setup	<u>JAN - 8 2008</u>	<u>533.00</u>
Burial Container		<u>539.00</u>
Handling Fees	MOUNT HOPE CEMETERY	<u>454.00</u>
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees		<u>65.00</u>
Sales taxes		<u>41.77</u>

Total Due 3896.77

Paid receipt number R-60626 3896.77

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 1 hold under deed

Robert L. Haynes Sr. 230636
Print Name
136-N. Royal BAKERSD PAIN
Address

Signature

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulette
Work Order # E 20568

E20568

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

0

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

Burial Container

D.D. CRYPT "A"

			X			

Flagged

Yes

No

Blind check Initiated by:

Date:

Interment space for:

Ida Haynes

Interment Date:

1/11/08

Time:

1-11-2008 1:00pm

Div:

12

Sect:

2

Blk/Row:

Lot:

1

Grave: 11

Grave Laid out by:

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Date

Cremains were placed at:

of grave

E20568

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 71

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

1A. NAME OF DECEDENT - FIRST (GIVEN) IDA	1B. MIDDLE B.	1C. LAST (FAMILY) HAYNES	2. DATE OF BIRTH MONTH, DAY, YEAR 03/24/1936	3. DATE OF DEATH MONTH, DAY, YEAR 01/02/2008	4. SEX F
5A. CITY OF DEATH EL CAJON		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROBERT HAYNES SR, HUSBAND 136 ROYAL OAKS 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 FD1329	8A. SIGNATURE OF APPLICANT (Person taking permit) <i>Sennika Kiger</i>		8B. DATE SIGNED 1/8/08

ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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.	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/08/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY		

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ---
---	--	---	---

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 1-11-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

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 Jamal Eugene Gordon Hill

in a DD Crypt Type of Burial Container Funeral, date, time Mon, Jan 14

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 E-4626 Lot 47 Grave 4

Grave space & Care Fund _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup Disinterment 1,419.00

Burial Container _____ 539.00

Handling Fees _____ 454.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 130.00

Sales taxes _____ 41.77

Total Due _____ 2,583.77

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.

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 20569

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1/17/2008

Pre-need lot

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

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 MAS Section A Blk/Row _____ Lot 53 Grave 9

Grave space & Care Fund 2,264.00

Overtime/Late Arrival Fees

Opening/Closing & Setup.....

Burial Container.....

Handling Fees.....

Flower vases - Marker setting fee.....

Recording/Filing/Transfer Fees.....

Sales taxes.....

Total Due..... 2,264.00

Paid receipt number AP0759B 452.80

Balance due 1,811.20

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.

Maria Flor Douensky
Signature

229300
Maria Flor Douensky
First Name
5550 Balboa Arms Dr 57
Address
San Diego, CA 92117
City Zip Code
858 277-2943
Telephone

Invoice # _____

Act. # _____

Work Order # E 20570

E20571

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1/9/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jamal Eugene Gordon-Hill 231343 in a Liner Funeral, date, time Mon, Jan 14 @ 11:00am 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 \$ 213⁰⁰ will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row _____ Lot 77 Grave 1

Grave space & Care Fund		<u>2,264.⁰⁰</u>
Overtime/Late Arrival Fees		
Opening/Closing & Setup		<u>533⁰⁰</u>
Burial Container		<u>270⁰⁰</u>
Handling Fees		<u>206⁰⁰</u>
Flower vases - <u>Marker setting fee</u>	<u>JAN 1 1 2008</u>	<u>178⁰⁰</u>
Recording/Filing/Transfer Fees		<u>65⁰⁰</u>
Sales taxes		<u>20.⁹³</u>

PAID

MOUNT HOPE CEMETERY

Total Due 3,536.⁹³

Paid receipt number R-60629 3536.93

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.

X _____
Signature

X See attached
Print Name
X _____
Address
X Pin 231342
City Zip Code
X _____
Telephone

Work Order # E 20571

Invoice # _____
Acct. # _____

E20571

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1/9/2008

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

of Jamal Eugene Gordon-Hill

in a Liner Funeral, date, time Mon, Jan 14 e

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 \$ 213.00

will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row _____ Lot 77 Grave 1

Grave space & Care Fund 2,264.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.00

Burial Container 270.00

Handling Fees 206.00

Flower vases - Marker setting fee 178.00

Recording/Filing/Transfer Fees 65.00

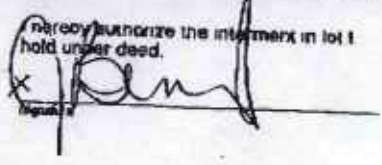
Sales taxes 20.93

Total Due 3,536.93

Paid receipt number _____

Balance due _____

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

I hereby authorize the interment in lot 1 hold under dead.


Jernette Banyard
Print Name
5880 El Cajon Blvd.
Address
San Diego, CA 92115
City
619-234-3272
Telephone

Work Order # E 20571

Invoice # _____
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Church Service
Monday at 11:00 A.M.
interment will be
approx. 12:30-1:30

(mortuary to pay)
today
1/10/2008

CMED) JAN 9 2008 14:30/DT. 14:28/7. 7500000827 8

E20571

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container _____

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Jamal E Gordon-Hill

Interment Date: 1/14/2008 Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 77 Grave: 1

Grave Laid out by: Norman [Signature]

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20571

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

21

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

1A. NAME OF DECEDENT - FIRST (GIVEN) JAMAL	1B. MIDDLE EUGENE	1C. LAST (FAMILY) GORDON-HILL	2. DATE OF BIRTH MONTH, DAY, YEAR 08/25/1986	3. DATE OF DEATH MONTH, DAY, YEAR 01/03/2008	4. SEX M
--	-----------------------------	---	---	---	--------------------

5A. CITY OF DEATH SAN DIEGO	6B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT REBA GORDON, MOTHER 221 TREEWOOD STREET SAN DIEGO, CA 92114
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1357

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is in of the disposition authorized by Section 122055 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: *Victoria Mitchell*

8B. DATE SIGNED: *1/8/08*

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/08/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
---	---	--	---	--

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - # DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - # DISPOSITION OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
---	--

10. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

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 1-14-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Lewis</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

ARE-NEED
TRUST

220331

N.R.

Date 1-11-2008

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

of Marvyn T. & Kazue Murray Pin 22663

in a Ash vaults 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 1 Blk/Row ~ Lot 156 Grave 2

Grave space & Care Fund 0

Overtime/Late Arrival Fees 0

Opening/Closing & Setup 2 @ 199.00 398.00

Burial Container 2 @ 104.00 208.00

Handling Fees 2 @ 114.00 228.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fee 2 @ 85.00 170.00

Sales taxes PAID 2 @ 8.06 16.12

Total Due 1,020.12

JAN 11 2008

Paid receipt number P-01101 1,020.12

MOUNT HOPE CEMETERY

Balance due 0

I hereby certify I am the Wife/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.

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Marvyn T. Murray
Signature

Work Order # E 20572

DP 4208618

1569.45

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-10-08

*15 CHAIRS
 Military Honors
 Navy*

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

of Carl Philip Burman 207009 ⁺³⁰

in a Double Depth "A" Funeral, date, time Mon 14th Jan. 2008

Church, Chapel Graveside Featheringill Mortuary Cokey

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 B Section 1 Blk/Row --- Lot 1157 Grave 1

Grave space & Care Fund D-5480 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 708.-

Burial Container _____ 717.-

Handling Fees _____ 604.-

Flower vases - Marker setting fee JAN 10 2008 _____

Recording/Filing/Transfer Fees _____ 85.-

Sales taxes _____ MOUNT HOPE CEMETERY 55.57

Total Due 2,169.57

Paid receipt number R-00631 2,169.57

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.

Nancy Martell
 Signature

231345
Nancy Martell
 Print Name
1578 Fairmount Pl
 Address
Escondido CA 92027
 City Zip Code
760-743-1773
 Telephone

Military

Work Order # E 20573

Invoice # _____

Acct. # _____

E20573

OFFICIAL RECEIPT

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

60631



WHITE TO CUSTOMER
CANARY CEMETERY

Date: January 10 .20 08

From: Nancy E. Martell Address: 1578 Fairmount Place, Escondido, CA 92027-1060
Two Thousand, One Hundred Sixty Nine and 5/100 Dollars (\$ 2,169.57)

In Full Payment of Interment Order of Carl Philip Burman Services.

Div 8 Sec 1 Blk/Row _____ Lot 1157 Grave 1

Invoice No. E-20573

Acct. No. _____

W.O. _____

BALANCE DUE 0

- Money Order
- Charge
- Check

1823

AC-212A (11-05)

This information is available in alternative formats upon request.

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

PAID

JAN 10 2008

MOUNT HOPE CEMETERY

ISSUED BY Paula...

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	708 -
Closing	77181	
Burial	100	717 -
Containers	77182	604 -
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	85 -
Sales Tax	80101	
	78390	55.57
TOTAL PAID	\$	2169.57

E20573

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-18 1976

CHARGE C. P. Burman
 ADDRESS 3630 Kingsley St. S.D. 92106
 NAME OF DECEASED Pre-need
 OWNER Carl P. Sr & Lois J. Burman
 ADDRESS _____
 MORTUARY _____

LOT 1157 GR _____ ROW _____ SEC 1 ~~PER~~ DIV 8 30000 D. H. P.
 OPENING TIME _____ DAY DATE _____
 VAULT BOX _____ SIZE _____
 REMOVAL OR FOUNDATION VET. _____

TOTAL \$ 300.00

PAID RECEIPT NUMBER 22530

BALANCE 0

12" X 24" flush marker only

PAID
 JUN 18 1975
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
 I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

#8011
 AUTHORIZED
 IN PERSON [Signature]
 PHONE BY _____

ORDER
 TAKEN BY [Signature]

W.O. NO. **D** 5956

INVOICE NO. Cash

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container D.D. CRYPTA

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Carl P. Burman

Interment Date: 1-14-08 Time: _____

Div: 8 Sect: 1 Blk/Row: ~ Lot: 1157 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20573

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

93

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

1A. NAME OF DECEDENT - FIRST (GIVEN) CARL	1B. MIDDLE PHILIP	1C. LAST (FAMILY) BURMAN	2. DATE OF BIRTH MONTH, DAY, YEAR 10/27/1914	3. DATE OF DEATH MONTH, DAY, YEAR 01/09/2008	4. SEX M
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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 NANCY MARTELL, DAUGHTER 1578 FAIRMOUNT PL. ESCONDIDO, CA 92027
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT - Person taking permit <i>M. Denny</i>	8B. DATE SIGNED 01/14/2008
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is in accordance with the provisions of 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 \$11.00	9B. DATE PERMIT ISSUED 01/14/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - # DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - # DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA ---
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10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 1/14/08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

10 chairs

Date 1/14/08

231355 shields

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

of Dalazah Thompson 14 Months

In a O-A Funeral, date, time Friday Jan. 18th 11:30

Church, Chapel Graveside Bishop 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 2 Blk/Row _____ Lot 496 Grave 1

Grave space & Care Fund	<u>277.-</u>
Overtime/Late Arrival Fees	<u>277.-</u>
Opening/Closing & Setup	<u>135.-</u>
Burial Container	<u>71.-</u>
Handling Fees	<u>179.71</u>
Lower vase Marker setting fee	<u>65.00</u>
Recording/Filing/Transfer Fees	<u>10.46</u>
Sales taxes	<u>1,015.17</u>
Total Due	<u>1,015.17</u>
Paid receipt number <u>60635</u>	<u>1015.17</u>
Balance due	<u>0</u>

PAID

JAN 15 2008

MT. 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 _____

231354
Print Name See attached
Address _____
City _____ Zip Code _____
Telephone _____

SEE ATTACHED

Work Order # E 20574

Invoice # _____
Acct. # _____

E20574

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

10 chairs

Date 1/14/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Dalazeh Thompson 14 Months
in a P.A. Funeral, date, time Friday Jan. 18th 11:30
Church, Chapel Graveside; Bishop Mortuary.
As further care must arrive before 9:00 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to you/assigned.

Division <u>9</u>	Section <u>7</u>	Block <u>496</u>	Lot <u>1</u>
Graves space & Care Fund			<u>277.-</u>
Overnight/Late Arrival Fees			
Opening/Closing & Care			<u>277.-</u>
Burial Container			<u>136.-</u>
Handling Fees			<u>77.-</u>
Other Fees <u>MARKER</u>	<u>65.71</u>	<u>114.00</u>	<u>179.71</u>
Recording/Filing/Transfer Fees			<u>65.00</u>
Sales taxes			<u>10.46</u>
		Total Due	<u>1015.17</u>

Paid receipt number _____
Balance due _____

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

I hereby authorize the interment to be held under above.
[Signature]

Lorrie R. Haymon
278 Winewood St
San Diego 92114
(619) 787-7339

Work Order # E-20574

Invoice # _____
Acct # _____

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

20R E20574
Res 10 Chans

DATE / TIME RECEIVED CALL: 1/9/08

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

Friday 18th 11:00 am
Pick the grave

- MORTUARY NAME: _____
- FAMILY MEMBER / REPRESENTATIVE
- CONTACT PERSON: _____
- TELEPHONE NUMBER: _____
- RELATIONSHIP TO DECEASED: _____

NAME OF DECEASED:

14 months

LAST NAME: Thompson

FIRST NAME: Danaiah INITIAL: _____

D.O.B. _____ D.O.B. _____

VETERAN: yes BRANCH OF SERVICE: _____

REGULAR SIZE CASKET OVERSIZE CHILD

CASKET MEASUREMENTS: _____ x _____ x _____

FUNERAL SERVICE:

TYPE OF SERVICE: CHURCH CHAPEL GRAVE SIDE

LOCATION OF SERVICE: _____

DATE OF SERVICE: _____ TIME OF SERVICE: _____

EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY: _____

CEMETERY PROPERTY: A/N P/N P/N Trust

DIV: _____ SECT: _____ BLK/ROW: _____ LOT: _____ GR: _____

- SINGLE GRAVE CREMATION
- DBL/DEPTH 1st BURIAL 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE: COMMITTAL GRAVE SIDE

- WITNESS ONLY DELIVERY ONLY
- P/A DELIVERY MILITARY DETAIL

SPECIAL INSTRUCTIONS: COST estimate given to family member.

Judy Phoroh Social worker

10 chairs

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container _____

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Dalazah Thompson

Interment Date: Friday 18th Time: 11:00

Div: 9 Sect: 2 Blk/Row: - Lot: 496 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20574

0.*

277.00+

277.00+

135.00+

71.00+

65.71+

114.00+

65.00+

10.46+

1,015.17*+

0.*



E20574

THE CITY OF SAN DIEGO

January 9, 2008

To whom this may concern, this is the total cost of an infant burial at Mount Hope Cemetery.

RESIDENT FEE FOR INFANT BURIAL

Grave Space	\$277.00
Opening/Closing & Setup	\$277.00
Burial Container	\$135.00
Handling Fees	\$ 71.00
Flower Vase	\$ 65.71
Marker Setting Fee	\$114.00
Recording/Filing Fees	\$ 65.00
Sales Tax on Burial Container	\$ <u>10.46</u>
Total Cost of Infant Burial	\$1,015.17

DIV 9-2



Mt. Hope Cemetery

Community Parks | Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403



E20574

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) DALEZAH	1B. MIDDLE MARIE	1C. LAST (FAMILY) SHIELDS	2. DATE OF BIRTH MONTH, DAY, YEAR 10/13/2006	3. DATE OF DEATH MONTH, DAY, YEAR 01/06/2008	4. SEX F
5A. CITY OF DEATH ESCONDIDO		6B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BISHOP MORTUARY 3444 CITRUS STREET LEMON GROVE, CA 91945-1515		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BISHOP MORTUARY, 3444 CITRUS STREET LEMON GROVE, CA 91945		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1673		8A. SIGNATURE OF APPLICANT - <i>Katrina Lamar</i>	
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is in of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.				8B. DATE SIGNED 01/17/2008	

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA		9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 01/17/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

10. AUTHORIZED DISPOSITION(S)
BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 1-18-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferris</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

At Need

Date 1-14-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CATHRYN GAMBLE 231369

in a ASH VAULT Type of Burial Container Funeral, date, time Tue 2:00 PM 1-29-08

Church, Chapel, Graveside _____ Mortuary Anderson Roadside

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 178 Grave 1

Grave space & Care Fund 426.-

Overtime/Late Arrival Fees 149.-

Opening/Closing & Setup 79.-

Burial Container 85.-

Handling Fees 85.-

Flower vases - Marker setting fee 65.-

Recording/Filing/Transfer Fees 6.12

Sales taxes 6.12

PAID
JAN 22 2008

MOUNT HOPE CEMETERY

Total Due 810.12

Paid receipt number R-60641 810.00

#7.88 donation Balance due 0

MORT 2 pay

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.

James R. Gamble Jr
Signature _____

231371
James R. Gamble Jr
Print Name
17159 W Bernardo Dr #104
Address
San Diego 92127
City
619-507-8827 Zip Code
Telephone

Work Order # E 20575

Invoice # _____
Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Ash Vault

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Cathryn Gamble

Interment Date: 1/29/08 Time: 2 pm

Div: 12 Sect: 2 Blk/Row: _____ Lot: 178 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20575

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

33 10637-01

1A. NAME OF DECEDENT - FIRST (GIVEN) CATHRYN	1B. MIDDLE PEARL	1C. LAST (FAMILY) GAMBLE	2. DATE OF BIRTH MONTH, DAY, YEAR 05/26/1974	3. DATE OF DEATH MONTH, DAY, YEAR 01/11/2008	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JAMES R. GAMBLE JR, HUSBAND 17159 W. BERNARDO DRIVE #104 SAN DIEGO, CA 92127		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329		8A. SIGNATURE OF APPLICANT - <i>Siennika K...</i>	
8B. DATE SIGNED 1/18/08		ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is on 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 DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9A. AMOUNT OF FEE PAID		9B. DATE PERMIT ISSUED 01/18/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD	
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CR/BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY; 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-29-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIF CREMATORY; 601-D CRANE STREET, LAKE ELSINORE, CA 92530	12B. DATE CREMATED 1-24-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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 DIS- POSER - 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.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V89a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103050.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1/14/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Orvin John Braaten 206837 in a DD Crypt Funeral, date, time Thurs, Jan 17 @ 11 a.m Church, Chapel, Graveside CLAREMONT 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 R Blk/Row _____ Lot 17 Grave 1
Grave space & Care Fund A-6 (1949) Ø

Overtime/Late Arrival Fees _____
Opening/Closing & Setup 2x\$533 1,066.00
Burial Container **PAID** 539.00
Handling Fees 451.00
Flower vases - Marker setting fee JAN 14 2008 _____
Recording/Filing/Transfer Fees 2x65 130.00
Sales taxes _____ 41.77

MOUNT HOPE CEMETERY

Interfund transfer
DP

Total Due 2,230.77
Paid receipt number R-000633 2,230.77
Balance due Ø

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

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

231350
Glenn Braaten
Print Name
7014 Ladrillo St
Address
San Diego 92111
City Zip Code
(858) 292-5327
Telephone

Work Order # E 20576

Invoice # _____
Acct. # _____

E 20576

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container _____

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Orvin: John Braaten

Interment Date: 1/17/08 Time: 11:00

Div: MAS Sect: R Blk/Row: _____ Lot: 17 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20576

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

92

1A. NAME OF DECEDENT - FIRST (GIVEN) ORVIN	1B. MIDDLE JOHN	1C. LAST (FAMILY) BRAATEN	2. DATE OF BIRTH MONTH, DAY, YEAR 03/01/1915	3. DATE OF DEATH MONTH, DAY, YEAR 01/10/2008	4. SEX M
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5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FRANCES G. BRAATEN, WIFE 7603 MARKHAM STREET SAN DIEGO, CA 92111
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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 being permitted <i>Nick Braaten</i>	8B. DATE SIGNED 01/16/2008
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103093 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 01/16/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
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10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-17-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1/9/08

*Buried
with
Jamal E.
Gordon Hill*

Pin: 231344

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

In a _____ Funeral, date, time Mon, Jan 14 @ 11:00

Type of Burial Container: 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 77 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 _____

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.

Pin 231342
Print Name See attached
Address _____

Signature _____

City _____ Zip Code _____

Telephone _____

Work Order # E 20577

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1/9/2008

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

in a Liner Funeral, date, time Mon. Jan 14 @
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 \$ 213.00 will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 77 Grave 1

Grave space & Care Fund 2,264.00

Overtime/Late Arrival Fees

Opening/Closing & Setup 533.00

Burial Container 270.00

Handling Fees 206.00

Flower vases - Marker setting fee 178.00

Recording/Filing/Transfer Fees 65.00

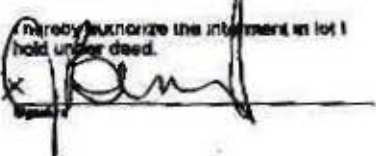
Sales taxes 20.93

Total Due 3,536.93

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 as set forth herein for the above named decedent.


Jeanette Banyard
5880 El Cajon Blvd.
San Diego, CA 92115
619-234-3272

Work Order # E. 20571

Invoice # _____
Acct. # _____

Church Service
Monday at 11:00 A.M.
Interment will be
approx. 12:30-1:30

(mortuary to pay)
today
1/10/2008

CASH JAN 9 2008 14:30/PT 14:28/PT 7500000827 8

E20577

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

41

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

1A. NAME OF DECEDENT—FIRST ROBBI	1B. MIDDLE JEAN	1C. LAST GORDON
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2. SEX F	3. DATE OF BIRTH (MONTH, DAY, YEAR) 11/25/1958	4. DATE OF DEATH (MONTH, DAY, YEAR) 09/19/2000	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
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6A. CITY OF DEATH LONG BEACH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE LONG BEACH
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7A. NAME OF INFORMANT REBA GORDON MATTHEWS	7B. RELATIONSHIP TO DECEDENT SISTER	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD-1357
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7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE REBA GORDON MATTHEWS 211 TREEWOOD ST., SAN DIEGO, CA 92114

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.	9A. APPLICANT SIGNATURE <i>[Signature]</i>	9B. DATE SIGNED 01/10/2008
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PERMIT AND 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.

10A. AMOUNT OF FEE PAID \$ 11.00	10B. DATE PERMIT ISSUED 01/11/2008 J. BENTARD	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ 2800056
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10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA LONG BEACH CITY HEALTH DEP. 2525 GRAND AVE., LONG BEACH, CA 90815-1765	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D. SAN DIEGO VITAL RECORDS- P.O. BOX 85222 SAN DIEGO, CA 92186-5222
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11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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 checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	12B. DATE BURIED 1-14-08	12C. INTERMENT NUMBER—IF APPLICABLE <i>[Signature]</i>
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING	

CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION	

SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
		15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:
 COPY 1 - ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.
 COPY 2 - RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
 COPY 3 - RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.
 COPY 4 - RETAINED BY REGISTRAR ISSUING THE PERMIT.
 * 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 1/15/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Agnes Ockert 221050

in a Liner Funeral, date, time Tues, Jan 15 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 8 Section 3 Blk/Row _____ Lot 1641 Grave 1

Grave space & Care Fund C-2989 (1966) ⊖

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 533.00

Burial Container _____ 270.00

Handling Fees _____ 206.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 65.00

Sales taxes _____ 20.93

Total Due 1,094.93

PAID
JAN 15 2008
MOUNT HOPE CEMETERY

Paid receipt number 60634 1,094.93

AP378069 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 1 hold under deed.

Signature Arliiss A Shefstad

231346
ARLISS SHEFSTAD
Print Name
3303 WESTERN
Address
AUSTIN, TX 78745
City
512 892 4643
Telephone
Zip Code

Work Order # E 20578

Invoice # _____
Acct. # _____

E20578

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Agnes Ockert

Interment Date: 1/15/08 Time: 10:30

Div: 8 Sect: 3 Blk/Row: _____ Lot: 1641 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20578

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

95

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

1A. NAME OF DECEDENT - FIRST (GIVEN) AGNES	1B. MIDDLE ELEANOR	1C. LAST (FAMILY) OCKERT	2. DATE OF BIRTH MONTH, DAY, YEAR 02/25/1912	3. DATE OF DEATH MONTH, DAY, YEAR 01/08/2008	4. SEX F
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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 MARIAGAYE MEIER, DAUGHTER 1218 NAPA AVENUE CHULA VISTA, CA 91911
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD964	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Kris Beaulieu</i>	8B. DATE SIGNED 01/11/2008
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/11/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
--	--	--	---	--

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
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10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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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 1-15-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

AT WGD

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-15-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ERNESTINE C. DICKENS 207598

in a LINER Type of Burial Container Funeral, date, time JAN 23 WGD 1:00

Church Chapel, Graveside _____; IZAGSOMLE 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 84 Grave 9

Grave space & Care Fund (EGW 22 1-27-87) _____ 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup **PAID** 533.00

Burial Container _____ 270.00

Handling Fees JAN 2, 2008 206.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees **MOUNT HOPE CEMETERY** 65.00

Sales taxes _____ 20.93

Total Due 1094.93

Paid receipt number R-60640 1094.93

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 See attached

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 231360

Work Order # E 20579

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Jan 27, 1987

Pre need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernestine C. Dickens in a Vault/Liner Funeral, date, time Church, Chapel, Graveside Mortuary.

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

Lot 84 Grave 9 Row Section 2 Division/Block 12
Grave space & Care Fund Land Care 595⁰⁰
Additional spaces and care fund
Opening/Closing & Setup
Burial Container
Handling Fees
Flower vases - Marker setting fee
Recording and filing fee
Sales taxes
Total Due 595⁰⁰
Paid receipt number 34139 595⁰⁰
Balance due 0

PAID
JAN 27 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

I hereby authorize the interment in lot I hold under deed.
Signature of recorded holder of deed

Ernestine C. Dickens
Signature
Address
State Zip Code
Telephone

Work Order # E 6422
FY-583 (REV. 8-85)

Invoice #
Acct. #

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Jan 26, 1987

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Orville E. Dickens in a T.S. Vault Funeral, date, time Thurs 1/29 11:00 Church, Chapel, Graveside Ch. & S. ; Lavinia Colonial - EDC Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 - army

Lot 84 Grave 10 Row Section 2 Division/Block 12
Grave space & Care Fund 595⁰⁰
Additional spaces and care fund burial 9 for 60 days
Opening/Closing & Setup 320⁰⁰
Burial Container T.S. Concrete Vault 175⁰⁰
Handling Fees 170⁰⁰
Flower vases - Marker setting fee
Recording and filing fee 35⁰⁰
Sales taxes 10⁵⁰
Total Due 1305⁵⁰
Paid receipt number 34138 1305⁵⁰
Balance due 0

PAID
JAN 27 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

I hereby authorize the interment in lot I hold under deed.
Signature of recorded holder of deed

Ernestine Dickens
Signature
2103 Franklin Ave
Address
San Diego, CA 92113
State Zip Code
(619) 239-6697
Telephone

Work Order # E 6419
FY-583 (REV. 8-85)

Invoice #
Acct. #

E20579

11247

LEGAL DESCRIPTION

LOT 84

SECTION 2

DIVISION 12

	DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	
1	✓ MILES, Arthur D.	MILES, Wilma R.	12/9/1975 200.00	12/11/1975	D-6484	
2	✓ LEMKE, Alta L.	MILES, Wilma R.	9/22/1976 200.00	1/10/1980	E-995 D-7394	Fo
3	✓ MILES, Wilma Roberta	MILES, Wilma R.	2/8/1980 230.00	1/4/1982	E-2807 E-1117	
M 4	DAWI SR., MATEO E.	LUZ DELA VEGA/DAUGHTER	1/15/2002 \$895.00	1/17/2002	E-16856	LI
5	✓ MARTIN, CLARENCE R.	MARTIN, Berry L.	7/5/1977 200.00	7/7/1977	D-8216	
6		MARTIN, Berry L.	7/5/1977 200.00		D-8216	
7	✓ GIORDINO, Joseph J.	GIORDINO, Andrew M.	10/15/1977 200.00	10/17/1977	D-8527	
8	✓ VENTIMIGLIA, ELAINE R.	Ventimiglia, Joseph	7/17/95 895.00	07/20/95	E-12377	Line
9	E20579	DICKENS, Ernestine	01/27/1987 \$595.		E-6422	Dec #11
10	✓ DICKENS, Orville Estel	DICKENS, Ernestine	01/26/1987 \$595.	01/29/1987	E-6419	TS
11	✓ DICKENS, Wallace E.	DICKENS, Wallace E.	5/28/1980 275.00	3-12-91	E-9281 E-1447	T. S
12	✓ DICKENS, Stella A.	DICKENS, Wallace E.	5/5/1980 275.00	5/8/1980	E-1382	T.

E20579

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

83

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

1A. NAME OF DECEDENT - FIRST (GIVEN) ERNESTINE	1B. MIDDLE C.	1C. LAST (FAMILY) DICKENS	2. DATE OF BIRTH MONTH, DAY, YEAR 10/10/1924	3. DATE OF DEATH MONTH, DAY, YEAR 01/13/2008	4. SEX F
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5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LONNIE PITRE, POA 2103 FRANKLIN AVENUE SAN DIEGO, CA 92113
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329
--	---

ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 (If making permit) <i>Siennika Payne</i>	8B. DATE SIGNED 1/16/08
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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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/16/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
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10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
--	-------------------------------

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 1-23-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Payne</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7118.)

Pre-need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/15/2008

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

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 11 Section 1 Blk/Row _____ Lot 110 Grave 8
Grave space & Care Fund 2,264.⁰⁰

Overtime/Late Arrival Fees _____

Opening/Closing & Setup \$533 x 2 1,066.⁰⁰

Burial Container 539.⁰⁰

Handling Fees 454.⁰⁰

Flower vases - Marker setting fee \$65 _____

Recording/Filing/Transfer Fees 130.⁰⁰

Sales taxes 41.77

1st Burial 5/12/09
E-21253
DP 3821540

PAID
JAN 15 2008
MOUNT HOPE CEMETERY

Total Due 4,494.77

Paid receipt number P-01106 4,494.77

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.

Collins Peoples
Signature

2313417
Collins Peoples
Print Name
835 South Bond St
Address
San Diego, Ca 92113
City Zip Code
619 232-3772
Telephone

Work Order # E 20580

Invoice # _____
Acct. # _____

E20580

P 0110

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

Date: Jan 15 2008

From: Collins Peoples Address: 835 S. 32nd ST 5092113

Four thousand four hundred ninety four / 77/100 Dollars (\$ 4,494.77)

in _____ Payment of Pre-need for Collins Peoples

Div 11 Sec 1 Blk/Row _____ Lot 110 Grave 8

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 0

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE
PAID
JAN 15 2008
MOUNT HOPE CEMETERY
ISSUED BY Maria L.

CREDIT 67007
20% Sales Care 77184
Pre-Need 63033
Trust 77186

452.80
2230.77

100/77184 1.81120

TOTAL PAID \$ 4,494.77

Pre-Need Lot Money Order

Pre-Need Trust Charge


Check 2260
1009

AC-212 (11-05)

This information is available in alternative formats upon request.

E20580

ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL PEOPLES COLLINS L			2. ARMY SERIAL NO. 39 849 076		3. GRADE Pfc	4. ARM OR SERVICE AAF	5. COMPONENT AUS
6. ORGANIZATION Hq and Sv Co 1908th Engr Aviation Battalion			7. DATE OF SEPARATION 13 March 46		8. PLACE OF SEPARATION Separation Center Fort Sam Houston Texas		
9. PERMANENT ADDRESS FOR MAILING PURPOSES 61 Shady Grove Saline Bienville Parish La				10. DATE OF BIRTH 11 May 20		11. PLACE OF BIRTH Saline Louisiana	
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT See 9				13. COLOR EYES Brown	14. COLOR HAIR Black	15. HEIGHT 5' 10"	16. WEIGHT 156 lbs
17. NO. DEPENDENTS 2	18. MARITAL STATUS MARRIED	19. U.S. CITIZEN YES	20. CIVILIAN OCCUPATION AND NO. Farm Hand General 3-16 10				
21. DATE OF INDUCTION 14 Aug 42	22. DATE OF ENLISTMENT -	23. DATE OF RE-INDUCTION 29 Aug 42	24. PLACE OF ENTRY INTO SERVICE Ind Sta Phoenix Arizona				
25. SELECTIVE SERVICE DATA YES X	26. REGISTERED YES X	27. LOCAL S.S. BOARD NO. 1	28. COUNTY AND STATE Coconino Arizona	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE Phoenix Coconino Co Arizona			
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. Duty Soldier III 590			31. MILITARY QUALIFICATION AND DATA (i.e., infantry, aviation and marksmanship badges, etc.) None				
32. RATTLES AND CAMPAIGNS None							
33. DECORATIONS AND CITATIONS American Theater Campaign Ribbon Asiatic-Pacific Campaign Ribbon Good Conduct Medal Victory Ribbon 1 Service Stripe							
34. WOUNDS RECEIVED IN ACTION None							
35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN			
SMALLPOX	TYPHOID	TETANUS	OTHER (specify) Typhus	DATE OF DEPARTURE	DESTINATION	DATE OF RETURN	
		4 Jan 44	5 Jan 46	21 Sept 45	A P	16 Oct 45	
37. TOTAL LENGTH OF SERVICE				38. HIGHEST GRADE HELD			
CONTINENTAL SERVICE		FOREIGN SERVICE					
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS		
3	1	14	0	5	16	Pfc	
19 Feb 46	U S	6 March 46					
39. PRIOR SERVICE None							
40. REASON AND AUTHORITY FOR SEPARATION Convenience of the Government (RR 1-1 Demobilization) AR 615-365 15 Dec 44							
41. SERVICE SCHOOLS ATTENDED None						42. EDUCATION (Years) Grammar 5 High School 0 College 0	
43. PAY DATA Vpn 21,501							
43. LONGEVITY FOR PAY PURPOSES	44. MUSTERING OUT PAY	45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER			
YEARS	MONTHS	DAYS	TOTAL	THIS PAYMENT	None	\$ 58.65	\$277.63 W. A. WHITTET Lt Col
3	7	0	\$ 300	\$ 700			
48. INSURANCE NOTICE							
IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-DAY PERIOD AFTER THE END OF THE U. S. AND FORWARDED TO COLLECTOR OF VETERANS ADMINISTRATION, WASHINGTON 25, D. C.							
48. KIND OF INSURANCE	49. NOW PAID	50. Effective Date of Allocated Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO		
Natl. Serv. V. A. Civilian	X	31 March 46	30 April 46	\$ 6.65	X	Continuous	
X	V. A.				Discontinuous		
54. 	55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) Lapel Button Issued ASR Score (2 Sept 45) 35						
56. SIGNATURE OF PERSON BEING SEPARATED <i>Collins & Peoples</i>				57. PERSONNEL OFFICER (Type name, grade and organization - signature) M L CLIFTON CWO USA Ass't Mil Pers Officer <i>M. L. Clifton</i>			

No. 233808

Recorded Filed at Request of

Collins L Peoples

SEP 14 1946

At ... of ...

In Book File 5 of 230

of ...

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Army of the United States



Honorable Discharge

This is to certify that

COLLINS L PEOPLES 39 849 076 Private First Class

Headquarters and Service Company 190th Engineer Aviation Battalion

Army of the United States

is hereby Honorably Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to this country.

Given at Separation Center
Fort Sam Houston Texas

Date 13 March 1946

L L Stewart
L L STEWART
Major AGD



E20580

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: e-20580

DATE: 1/16/2008

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Collins Peoples and their heirs

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of \$2,264.00 situated in Mount Hope Cemetery described as:

DIVISION: 11 SECTION: 1 BLOCK / ROW: LOT: 110 GRAVE(s): 8
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

- (a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.
- (b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.
- (c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.
- (d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.
- (e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.
- (f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.
- (g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 16th day of January, 2008.

Signature / Date

Maria J. Roensky for David Lugo
Cemetery Manager



Mt Hope Cemetery

Contract Entry Verification

01/14/2008

Contract Number: E-20580-F

Contract Date: 01/15/2008
Purchaser: Peoples, Collins
 835 South 32nd Street
 San Diego, CA 92113

Purchaser Number: 231347 / 231348
Phone: 619-232-3772

Beneficiary: Peoples, Mae

Counselors: 2 MARIA P. SAUNDERS

Qty	Category	Description of Contract Items	Price	Tax Allowance	Addl. Desc.
1	Graves-Resident	Division 11-1 SD Resident	2,264.00	0.00	
1	10/C Resident PN	1st Dbl Depth SD Resident	533.00	0.00	
1	10/C Resident PN	2nd Dbl Depth SD Resident	533.00	0.00	
1	10BC - Resid PN	Dbl/D Crypt SD Resident	539.00	41.77	
1	Hndl Fee Res PN	Crypt Hndl SD Resident	454.00	0.00	
2	Misc -Resid PN	Recording Fee SD Resident	130.00	0.00	

Property

Division	Section	Blk / Row	Lot	Grave	Depth
Division 11	1		110	8	A

BASE PRICE	4,453.00	NUMBER OF INSTALLMENTS	1
SALES TAX	41.77	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	4,494.77	ODD PAYMENT OF	0.00
DOWNPAYMENT	4,494.77-	DATE FIRST PAYMENT DUE	
REFERENCE #	R-01106	PAYMENT PLAN:	MONTHLY
TRANSFER ALLOWANCE	0.00-		
DISCOUNT OR ALLOWANCE	0.00-	SOURCE:	Family Member Here
FINANCE CHARGE	0.00@	0.000% AMORTIZE	
TOTAL OF PAYMENTS	0.00		
DEFERRED PAYMENT PRICE	<i>Ø</i>		

ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION
R L Perp. Care	452.80	
L V P/N Trust	2,189.00	1.0000
Equity	1,811.20	
A Interest	0.00	
R S Tax Recovery	41.77	
R V Late Charge	0.00	

CONTRACT ENTERED BY: _____

E20581

MT. HOPE CEMETERY
INTERMENT ORDER

At need

City of San Diego

Date 1/16/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard E. Jones 231358

in a Double-Depth "A" Funeral, date, time Tues. Jan 22 11:00

Church Chapel Graveside S.D. 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 189 Grave 3

Grave space & Care Fund 2264

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.-

Burial Container 539.-

Handling Fees 454.-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 65.-

Sales taxes 41.77

Total Due 3,896.77

Paid receipt number R-60636 3,896.77

Balance due 0

PAID

JAN 18 2008

MOUNT HOPE CEMETERY

Mort. 2 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 I hold under deed.

Irvy Z. Jones
Signature

231357
Irvy Z. Jones
Print Name
2757 Kandace Way
Address
San Diego 92105
City Zip Code
(619) 263-0891
Telephone

Work Order # E 20581

Invoice # _____

Acct. # _____

E20581

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) RICHARD	1B. MIDDLE EDWARD	1C. LAST (FAMILY) JONES	2. DATE OF BIRTH MONTH, DAY, YEAR 12/04/1951	3. DATE OF DEATH MONTH, DAY, YEAR 01/13/2008	4. SEX M
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5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT IVY JONES, SPOUSE 2757 KANDACE WAY SAN DIEGO, CA 92105
---------------------------------------	--	--

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH WMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1575	8A. SIGNATURE OF APPLICANT - Person being buried <i>Shelia A. Williams</i>	8B. DATE SIGNED 01-18-2008
--	--	---	--------------------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/17/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
--	---	--	---	--

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT OF CALIFORNIA
--	--

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
--	-------------------------------

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 1-22-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

AT need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-17-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KEITH CORLEY PIN: 231362

in a LINER Type of Burial Container Funeral, date, time 1-23-08
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 12 Section 2 Blk/Row _____ Lot 143 Grave 5

Grave space & Care Fund _____ 1132-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 267-

Burial Container _____ 238-

Handling Fees _____

Flower vases - Marker setting _____

Recording/Filing/Transfer Fees _____ 33-

Sales taxes _____ 10.46

PAID

JAN 22 2008

MOUNT HOPE CEMETERY

Total Due 1669-

Paid receipt number R-60642 1669-

Balance due 0

Tax was not included

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.

Diane Walker
Signature

Diane Walker
First Name
1304 Helix ST #25
Address
Spring Valley Ca, 91977
City Zip Code
(619) 366-9179
Telephone

Work Order # E 20582

Invoice # _____
Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Keith M. Corlley

Interment Date: 1/23/08 Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 143 Grave: 5

Grave Laid out by: NORMAN & KEN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave



THE CITY OF SAN DIEGO

**MT. HOPE CEMETERY
LOW INCOME ASSISTANCE PROGRAM FEE WAIVER**

Cemetery fees are charged so that we are able to provide maintenance and services to the public. Fee waivers are meant for those who are financially unable to afford to participate in a program. All persons submitting a fee waiver are required to submit verification of income and proof of residency as proof of qualification.

Name of Deceased: Keith M. Colby

Address: 6292 Leaf Court

City: San Diego State: CA Zip Code: 92114

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

<input checked="" type="checkbox"/>	Annual Income	<input type="checkbox"/>	Annual Income
<input checked="" type="checkbox"/>	(1) \$14,400	<input type="checkbox"/>	(4) \$39,980
<input type="checkbox"/>	(2) \$23,590	<input type="checkbox"/>	(5) \$47,180
<input type="checkbox"/>	(3) \$32,390	<input type="checkbox"/>	(6) \$55,180

For larger families, add \$8,000 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that person's household. Please submit the deceased's current Internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Diane Walker mother 1-17-08
Signature Relationship Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

Approved by _____ Date _____

Current _____ Documents verified on: _____

Approved By _____

Date _____



E20582



San Diego
Regional Center for the Developmentally Disabled
2602 Hoover Avenue, National City, CA 91950 • (619) 336-6600 • Fax: (619) 477-6248

FAX TRANSMITTAL INFORMATION PAGE

Date: 1/17/08

To: Mt. Hope Cemetery re: Keith Corley (deceased)

Fax Number: 619-527-3403

Telephone Number: 619-527-3400

From: Febe Luna, M.A.
 San Diego Regional Center - Unit/Dept: PLB-7
 2602 Hoover Avenue
 National City, CA 91950

Fax Number: (619) 477-6248

Telephone Number: 619-336-6614

Total # of Pages: 4 (# Pages Includes Cover)

*Maria
Danielle*

Comments: Attached is the most recent letter from Social Security re: SSI; and his wage reports from his job site which was a sheltered workshop. His group home address was: 6292 Leaf Court, San Diego, CA 92114. If you have any questions, please do not hesitate to call me at the above phone number.

$$\begin{array}{r}
 \$12,420.00 \\
 + \quad 693.22 \\
 \hline
 \$13,113.22
 \end{array}$$

WARNING – CONFIDENTIAL INFORMATION

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENT(S) NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR ANY AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL.

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

NOV 9 2007

Date: October 25, 2007
Claim Number: 568-49-4398 DI

00003847 01 AT 0.334 D41 1018.M02.018 003847

SAN DIEGO REG CTR FOR
KEITH MARIO CORLLEY
4355 RUFFIN RD
STE 119
SAN DIEGO CA 92123-4307



WESUPPA F. LUNA UT

|||||

Type of Payment:
Individual-Disabled

We are writing to tell you about changes in KEITH M. CORLLEY's Supplemental Security Income (SSI) payments. The following chart shows the SSI money due him for the months we changed. As you can see from the chart, we are only changing his payments for future months. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amounts shown below on the last page(s) of this letter. The explanation shows how his income, other than any SSI payments, affects his SSI payment. It also shows how we decided how much of his income affects his payment amount. We include explanations only for months where payment amounts change.

The Payments of KEITH M. CORLLEY Will Be Changed As Follows:

From	Through	Amount Due Each Month
November 1, 2007	Continuing	\$1,035.00 This includes \$412.00 from the State of California.

Information About KEITH M. CORLLEY's SSI Payments

His regular monthly check of \$1,035.00 will be sent to your bank or other financial institution about the first day of November 2007.

KEITH M. CORLLEY's Payment Is Based On These Facts

He had monthly income of \$32.46 for September 2007. This amount does not affect his Supplemental Security Income payment.

See Next Page

SSA-1A151



720582

TRANSMISSION REPORT

(TUE) JAN 22 2008 11:46

User /Account :
DESTINATION : 84452553
DEST. NUMBER : 84452553

DOCUMENT# : 7500000-584
TIME STORED : JAN 22 11:45
TX START : JAN 22 11:45
DURATION : 37sec
COM. MODE : ECM

F-CODE :

PAGES : 2page
RESULT : OK

3751 Market Street
San Diego, CA 92102
619-527-3400 Main
619-527-3403 Fax



To: Detra Tucker Fax: 619-445-2553

From: David Lugo Date: 1/22/08

Re: Keith Corley Pages: 2

CC:

Urgent For Review Please Comment Please Reply Please Recycle

3751 Market Street
San Diego, CA 92102
619-527-3400 Main
619-527-3403 Fax

To: Detra Tucker **Fax:** 619-445-2553
From: David Lugo **Date:** 1/22/08
Re: Keith Corley **Pages:** 2
CC:

Urgent For Review Please Comment Please Reply Please Recycle



Attached the burial costs related to Mr. Keith Corley.

CONFIDENTIAL

Partnerships With Industry

Office: South Bay

Keith Corley's - Paystub Log Report

Client:	Keith Corley
Soc. Sec. #:	XXX-XX-4398
SSA Office:	National City
SSA Advocate:	Linda Salcedo
PWI Director:	Dalinda Zurita
PWI Phone:	(619) 424-2250

Date of Payment	Gross Wages	Date Reported	Notes
01/25/2008	\$15.92	02/11/2008	
01/10/2008	\$12.85	02/11/2008	
12/21/2007	\$15.71	01/09/2008	
12/10/2007	\$25.88	01/09/2008	
11/21/2007	\$41.28	12/10/2007	
11/09/2007	\$18.48	12/10/2007	
10/25/2007	\$38.44	11/08/2007	
10/10/2007	\$28.85	11/08/2007	
09/25/2007	\$19.81	10/08/2007	
09/10/2007	\$12.85	10/08/2007	
08/24/2007	\$39.07	09/11/2007	
08/10/2007	\$23.49	09/11/2007	
07/25/2007	\$21.29	08/08/2007	
07/10/2007	\$40.38	08/08/2007	
06/25/2007	\$18.76	07/09/2007	
06/08/2007	\$28.50	07/09/2007	
05/25/2007	\$39.43	06/08/2007	
05/10/2007	\$25.18	06/08/2007	
04/25/2007	\$25.68	05/08/2007	
04/10/2007	\$38.17	05/08/2007	
03/23/2007	\$50.40	04/08/2007	
03/09/2007	\$21.15	04/08/2007	
02/23/2007	\$41.42	03/08/2007	
02/09/2007	\$62.99	03/08/2007	
01/25/2007	\$43.32	02/08/2007	
01/10/2007	\$3.08	02/08/2007	
12/29/2006	\$3.38	01/09/2007	
12/22/2006	\$50.57	01/09/2007	
12/08/2006	\$55.82	01/09/2007	
11/25/2006	\$31.64	12/08/2006	
11/10/2006	\$34.58	12/08/2006	
10/25/2006	\$33.80	11/08/2006	
10/10/2006	\$22.85	11/08/2006	
09/25/2006	\$19.21	10/08/2006	
09/08/2006	\$24.85	10/08/2006	
08/25/2006	\$27.15	09/11/2006	
08/10/2006	\$20.87	09/11/2006	
07/25/2006	\$37.88	08/08/2006	

Partnerships With Industry

Office: South Bay

Keith Corley's - Paystub Log Report

Client:	Keith Corley
Soc. Sec. #:	XXX-XX-4398
SSA Office:	National City
SSA Advocate:	Linda Salcedo
PWI Director:	Dalinda Zurita
PWI Phone:	(619) 424-2250

Date of Payment	Gross Wages	Date Reported	Notes
07/10/2006	\$12.84	06/08/2006	
06/23/2006	\$22.47	07/10/2006	
06/09/2006	\$8.30	07/10/2006	
06/25/2006	\$8.34	06/08/2006	
05/10/2006	\$14.57	06/08/2006	
04/25/2006	\$8.77	05/08/2006	
04/10/2006	\$18.02	06/08/2006	
03/24/2006	\$5.02	04/10/2006	Client: Keith Corley
03/16/2006	\$4.70	04/18/2006	Soc. Sec. #: XXX-XX-4398
02/24/2006	\$9.47	03/08/2006	SSA Office: National City
02/10/2006	\$8.67	03/08/2006	SSA Advocate: Linda Salcedo
01/25/2006	\$7.91	02/07/2006	PWI Director: Dalinda Zurita
01/10/2006	\$8.75	02/07/2006	
12/23/2005	\$5.32	01/04/2006	
12/09/2005	\$4.97	01/04/2006	
11/23/2005	\$9.12	11/29/2005	
11/10/2005	\$11.44	11/29/2005	
10/25/2005	\$2.82	11/04/2005	
10/10/2005	\$6.75	11/04/2005	
09/25/2005	\$2.84	10/08/2005	
09/10/2005	\$8.18	10/08/2005	

E20582

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

30

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

1A. NAME OF DECEDENT - FIRST (GIVEN) KEITH	1B. MIDDLE MARIO	1C. LAST (FAMILY) CORLEY	2. DATE OF BIRTH MONTH DAY YEAR 03/05/1977	3. DATE OF DEATH MONTH DAY YEAR 01/14/2008	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 DIANE MARIA WALKER, MOTHER 351 W PALM AVENUE #17 EL CAJON, CA 92020		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115		7B. CALIF LICENSE NUMBER - IF APPLICABLE FD1746	8A. SIGNATURE OF APPLICANT - Person taking permit <i>[Signature]</i>		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code			8B. DATE SIGNED 11/8/2008		

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/18/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION OCCURS IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
---	------------------------

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 1-23-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.5, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1/18/2008

A+ need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia Anne Laughlin 211788 in a Top Seal Vault Funeral, date, time 1/29/2008 @ 11am

Church, Chapel, Graveside 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 2 Blk/Row _____ Lot 74 Grave 3

Grave space & Care Fund E-8020 <4-2-1991> 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 _____

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.

X _____
Signature

Res.

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

Work Order # E 20583

Invoice # _____

Acct. # _____

E20583

MT. HOPE CEMETERY

INTERMENT

City of San Diego

*Priseed
Int & Just*

Date 4-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yolanda Anne Laughlin in a TS Vault Funeral, date, time _____ Church, Chapel, Graveside _____ Mortuary.

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

Lot 74 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container <u>Vault</u>	175.00
Handling Fees	170.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	12.25
<u>23 @ 50.00</u>	
<u>1 @ 57.25</u>	
Total Due	1207.25

*Paid in full
4-2-1991*

Paid receipt number _____ 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.

Signature of recorded holder of deed

Yolanda Anne Laughlin
Signature
3675 Reservoir Ave
Address
San Diego, CA 92105
City Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 8020
PY-583 (REV. 9-85)

E20583

ACCT. NO. E-8020

NAME Laughlin, Patricia Anne

ADDRESS 3675 Pershing Avenue, San Diego, Ca 92105

RATING

LIMIT

DATE	ITEMS	DEBIT	CREDIT	BALANCE
4/11	89 Lot 74, Grave 3, Section 2, Division 12	495.00		
	Opening/Closing, Top Seal Vault, Recording Fee	712.25		1207.25
5-3	89 Coupon 1, Receipt 37750 ✓		50.00	1157.25
6-5	89 Coupon 2, Receipt 38102 ✓		50.00	1107.25
7-6	89 Coupon 3, Receipt 38229		50.00	1057.25
8-3	89 Coupon 4, Receipt 38353 ✓		50.00	1007.25
9-10	89 Coupon 5, Receipt 38478 ✓		50.00	957.25
10-4	89 Coupon 6, Receipt 38601 ✓		50.00	907.25
11-7	89 Coupon 7, Receipt 38531 ✓		50.00	857.25
12-1	89 Coupon 8, Receipt 38612 ✓		50.00	807.25
1-5-90	Coupon 9, Receipt 38749		50.00	757.25
2-22-90	Coupon 10, Receipt 38905		50.00	707.25
3-5-90	Coupon 11, Receipt 38941		50.00	657.25
4-3-90	Coupon 12, Receipt 39071		50.00	607.25
5-7-90	Coupon 13, Receipt 39195		50.00	557.25
6-4-90	Coupon 14, Receipt 39302		50.00	507.25
7-3-90	Coupon 15, Receipt 39434		50.00	457.25
8-3-90	Coupon 16, Receipt 39552		50.00	407.25
9-4-90	Coupon #17, Receipt # 39659		39.00	368.25

PAID IN FULL
H 2-91

E20583

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Ø

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

Burial Container

Top Vault

			X			

Flagged

Yes _____

No _____

Blind check Initiated by:

Date: _____

Interment space for:

Patricia A. Laughlin

Interment Date:

Time: _____

Div:

12 Sect: 2 Blk/Row Lot: 74 Grave: 3

-Grave Laid out by:

Norman Perquer

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Date _____

Cremains were placed at:

_____ of grave

E20583

178

APPLICATION 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 ANNE	1C. LAST (FAMILY) LAUGHLIN	2. DATE OF BIRTH MONTH, DAY, YEAR 06/20/1929	3. DATE OF DEATH MONTH, DAY, YEAR 01/17/2008	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KATHRYN HILLS, DPOA P.O. BOX 267 TEMECULA, CA 92593		
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 - Permit taking permit <i>Nick K. Dal</i>		8B. DATE SIGNED 01/23/2008

ACKNOWLEDGEMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA		9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 01/23/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT (CALIFORNIA) --			

10. AUTHORIZED DISPOSITION(S)
BURIAL

FOR CORONER'S USE ONLY

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 1-29-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V88e (REV. 12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1/22/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IVAN SANTIAGO ZARATE #231364

in a O liner Type of Burial Container Funeral, date, time Friday Jan 25 @ 10:00

Church Chapel, Graveside Mortuary: EL Camino Berge

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 1464 Grave 1

Grave space & Care Fund 142.00

Overtime/Late Arrival Fees **PAID** 178.00

Opening/Closing & Setup 99.00

Burial Container 36.00

Handling Fees _____

Flower vases - Marker MOUNT HOPE CEMETERY - Marker installation paid 1/29/08 65.00

Recording/Filing/Transfer Fees 7.67

Sales taxes _____

Total Due 527.67

Paid receipt number R-60644 527.67

Balance due 0

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

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

Alberto Zarate
Signature

Alberto Zarate 231363
Private Name
2053 Osborn St
Address
San Diego CA 92113
City
(619) 719 2976
Telephone
Zip Code

Work Order # E 20584 Invoice # _____
Acct. # _____

E20584

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container 0 Liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: 1 Ven Santiago Zavate

Interment Date: 1/25/08 Time: 10:00

Div: 9 Sect: 1 Blk/Row: _____ Lot: 146A Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E20584

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

1A. NAME OF DECEDENT—FIRST Ivan		1B. MIDDLE Santiago	1C. LAST Zarate
2. SEX M	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 01/20/2008
6A. CITY OF DEATH San Diego		6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE San Diego	
7A. NAME OF INFORMANT Brenda Zarate		7B. RELATIONSHIP TO DECEDENT Mother	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE El Camino Memorial-N.C. 607 National City Blvd. San Diego, CA 91950 L. Castro
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 3849 Birch St. San Diego, CA 92113		8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE fd-284 2800176	

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.		9A. APPLICANT SIGNATURE <i>Luis Castro</i>	9B. DATE SIGNED 01/24/2008
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PERMIT AND 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.

10A. AMOUNT OF FEE PAID \$ 11.00	10B. DATE PERMIT ISSUED 01/24/2008	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
--	--	---

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records...P.O. Box 85222 San Diego, CA 92186-5222	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D ---
--	---

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY		<input type="checkbox"/> I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS
<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 OUTSIDE OF CALIFORNIA		

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	12B. DATE BURIED 1-25-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING <i>Norman Terque</i>	

CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	

SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION, IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:
 COPY 1 — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.*
 COPY 2 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
 COPY 3 — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
 COPY 4 — RETAINED BY REGISTRAR ISSUING THE PERMIT.*

AT HCCO

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-22-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NELLIE ESTHER THOMAS 231359

in a DD CRYPT B Funeral, date, time SAT 1-26-08 2 PM

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 MASON Section M Blk/Row _____ Lot 1 Grave 1

Grave space & Care Fund _____ E-20131 0

Overtime/Late Arrival Fees SAT 851.00

Opening/Closing & Setup _____ 533.00

Burial Container _____ 500.00

Handling Fees _____ 0

Flower vases - Marker setting fee _____ 0

Recording/Filing/Transfer Fees _____ 65.00

Sales taxes _____ 0

Total Due _____ 1449.00

Paid receipt number CHE 4133 1449.00

R60639 Balance due 0

I hereby certify I am the DAUGHTER / 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.

Donna L. Jarrett
Signature

DONNA L. JARRETT
Print Name
3395 CHICAGO STREET
Address
SAN DIEGO 92117
City
858-483-5637 Zip Code
Telephone

Invoice # _____

Work Order # E 20585

Acct. # _____

E20585

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-5-07

it need
res. fee

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

of Robert Julius Thomas 224177 ¹¹⁰⁷

in a D.D. CRYPT "A" Funeral, date, time Friday Mar. 9th 2007

Church, Chapel Graveside Clairmont 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. _____ pc.

Division MASON Section M Blk/Row _____ Lot 1 Grave 101

Grave space & Care Fund _____ 2264.00

Overtime/Late Arrival Fees _____ **PAID** _____ 533.00

Opening/Closing & Setup _____ 539.00

Burial Container _____ MAR - 6 2007 454.00

Handling Fees _____

Flower vases - Marker setting fee _____ MOUNT HOPE CEMETERY 65.00

Recording/Filing/Transfer Fees _____ 41.77

Sales taxes _____

Total Due 3,896.77

Paid receipt number R-60002 3,896.77

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.

Donna L. Jarrett
Signature

230760
(DONNA L. JARRETT
Print Name
X 3395 CHICAGO ST.
Address
X SAN DIEGO 92117
City
X 858-483-5637 Zip Code
Telephone

Bulette

Work Order # E 20131

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

NAVY Honors

Printed on recycled paper

E20585

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

85

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

1A. NAME OF DECEDENT - FIRST (GIVEN) NELLIE	1B. MIDDLE ESTHER	1C. LAST (FAMILY) THOMAS	2. DATE OF BIRTH MONTH DAY YEAR 09/12/1922	3. DATE OF DEATH MONTH DAY YEAR 01/18/2008	4. SEX F
5A. CITY OF DEATH LEMON GROVE		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DONNA L. JARRETT, DAUGHTER 3395 CHICAGO STREET SAN DIEGO, CA 92117		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY, 7387 BROADWAY LEMON GROVE, CA 91945-1533		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD 941	8A. SIGNATURE OF APPLICANT - Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 01/23/2008
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 01/23/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS96 (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date Jan 22, 2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Myrtle Allen 225272

in a Liner Type of Burial Container Funeral, date, time Friday, Jan 25 @ 1 pm

Church Chapel Graveside Anderson-Pingschle 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 1430 Grave 1
Grave space & Care Fund E-6601 3/88 ⊖

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 533.⁰⁰

Burial Container _____ 270.⁰⁰

Handling Fees _____ 206.⁰⁰

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 65.⁰⁰

Sales taxes _____ 20.⁹³

Total Due 1,094.93

Paid receipt number R-60645 1,094.93

Balance due ⊖

PAID

JAN 23 2008

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 _____

X
Print Name See attached
Address _____
City Pin 206361 Zip Code _____
Telephone _____

Work Order # E 20586

Invoice # _____
Acct. # _____

E20586

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Myrtle Allen

Interment Date: 1/25/08 Time: 1pm

Div: 10 Sect: _____ Blk/Row: _____ Lot: 1430 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20586

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

92

1A. NAME OF DECEDENT - FIRST (GIVEN) MYRTLE	1B. MIDDLE -	1C. LAST (FAMILY) ALLEN	2. DATE OF BIRTH MONTH, DAY, YEAR 09/10/1915	3. DATE OF DEATH MONTH, DAY, YEAR 01/20/2008	4. SEX F
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5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LEROY ALLEN, HUSBAND 2214 OCEAN VIEW BLVD SAN DIEGO, CA 92113
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329	8A. SIGNATURE OF APPLICANT (Person taking permit) <i>Stennika Kruger</i>	8B. DATE SIGNED 1/23/08
--	--	---	-----------------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/23/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
--	--	--	---	--

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
--	---

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-25-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E20587

not included
in this

Spindle:

E20500 - E20599

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

N.R.

Date 1/22/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Audrey Hanau PIN: 231366 in a DD Crypt Funeral, date, time Jan 28, 10 am (Mon) Church, Chapel, Graveside 1st Methodist : 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>8</u> Section <u>1</u> Blk/Row _____ of <u>1192</u> Grave <u>1</u>	
Grave space & Care Fund	PAID <u>3,011.00</u>
Overtime/Late Arrival Fees	
Opening/Closing & Setup	<u>\$ 708 x 2</u> JAN 24 2008 <u>1,416.00</u>
Burial Container	MOUNT HOPE CEMETERY <u>719.00</u>
Handling Fees	<u>604.00</u>
Flower vases - Marker setting fee	<u>237.00</u>
Recording/Filing/Transfer Fees	<u>\$ 85 x 2</u> <u>170.00</u>
Sales taxes	<u>55.57</u>
	Total Due <u>6,210.57</u>
	Paid receipt number <u>P-60647</u> <u>6,210.57</u>
	<u>P-01118</u> Balance due <u>0</u>

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.

Edith Barnes
231365 - Walter Hanau
Del favorable! & pie-need

EDITH BARNES 231370
Print Name
9232 EMILY WAY
Address
JONESBORO, AK 99801
City Zip Code
(907) 789-6917
Telephone
(907) 209-0697-cell
Invoice # _____
Acct. # _____

Work Order # E 20588

E20588

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container DD Crypt

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Audrey Hanau

Interment Date: 1/28/08 Time: 10:00 am

Div: 8 Sect: 1 Blk/Row: _____ Lot: 492 Grave: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20588

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

81

1A. NAME OF DECEDENT - FIRST (GIVEN) AUDREY	1B. MIDDLE JEAN	1C. LAST (FAMILY) HANAU	2. DATE OF BIRTH MONTH, DAY, YEAR 10/04/1926	3. DATE OF DEATH MONTH, DAY, YEAR 01/20/2008	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 WALTER HANAU, HUSBAND 2534 WHISPERING PALM LOOP CHULA VISTA, CA 91915 231365		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD964	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Kim Beaulieu</i>		8B. DATE SIGNED 01/23/2008

ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is on 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/23/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -- IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -- IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT OF CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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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 1-28-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V389 (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date January 24, 2008

*In grave with
Doris Moseley*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Gerald Moseley 231368

in a DDCRYPT "B" Type of Burial Container Funeral, date, time Tues. January 29 @ 2pm

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 \$ 213

will be applied and billed to undersigned. _____

Division 5 Section 7 Blk/Row _____ Lot 7 Grave 4

Grave space & Care Fund E-19117 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

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

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

Signature

Print Name
 Address
 City
 Telephone
See attached
PIA: 228814 Zip Code

Work Order # E 20589

Invoice # _____

Acct. # _____

1729 Andrea knows about - 514000 9142

E20589

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

In grave with
Doris Moseley

Date January 24, 2008

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

of Gerald Moseley

in a DDcrypt "B" Funeral, date, time Tues. January 29 @ 2pm

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 \$ 213

will be applied and billed to undersigned.

Division 5 Section 7 Blk/Row _____ Lot 7 Grave 4

Grave space & Care Fund E-19117 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 _____

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

Ed L. Newton
Print Name
 4102 Kansas St #101
Address
 San Diego, Ca 92116
City State Zip Code
 619-4514-1608
Phone

Invoice # _____

Acct. # _____

Work Order # E-20589

Pre-need
(RES)
1st & 2nd
Burial pd IN
Full

E20589

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-11-05

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

of Doris Lavonna Moseley

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 5 Section 7 Blk/Row _____ Lot 7 Grave 4

Grave space & Care Fund A-6012 (1953) 0

Overtime/Late Arrival Fees 0

Opening/Closing & Setup 2 e \$413.00 \$26.00

Burial Container DD Crypt 418.00

Handling Fees 352.00

Flower vases - Marker setting fee 0

Recording/Filing/Transfer Fees 2 e \$50.00 100.00

Sales taxes 32.40

MOUNT HOPE CEMETERY

Total Due \$1,728.40

Paid receipt number R-58838 \$1,728.40

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. Pin # 228814

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

Janice L. Newton
Signature

Janice L. Newton
Print Name

4622 Kansas #1
Address

San Diego, 92116
City Zip Code

(619) 514-1608
Telephone

Invoice # _____

Work Order # E 19117

Acct. # _____

E20589

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Doris Moseley

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

Burial Container DDCRYPT

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Gerald Moseley

Interment Date: 1/29/08 Time: 2pm

Div: 5 Sect: 7 Blk/Row: _____ Lot: 7 Grave: 4

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20589

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

72

1A. NAME OF DECEDENT - FIRST (GIVEN) GERALD	1B. MIDDLE PERKINS	1C. LAST (FAMILY) MOSELY	2. DATE OF BIRTH MONTH, DAY, YEAR 08/10/1935	3. DATE OF DEATH MONTH, DAY, YEAR 01/22/2008	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 INA NEWTON, SISTER 4602 KANSAS STREET UNIT 101 SAN DIEGO, CA 92116	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY MITCHELL MORTUARY, 3655 FIFTH AVE SAN DIEGO, CA 92103			7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD119		8A. SIGNATURE OF APPLICANT - Person taking care of <i>Kim Buchanan</i>
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103058 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 01/28/2008		

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/28/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
--	------------------------

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 1-29-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

AT LIGED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-25-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VIRGENIA BROWN 206949

in a LINER Type of Burial Container Funeral, date, time 1-28-08 MON 11:30 AM

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 1 Section 1 Blk/Row _____ Lot 48 Grave 3

Grave space & Care Fund (E000880) 11-29-79 _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 533.

Burial Container _____ 270.

Handling Fees _____ 206.

PAID

Flower vases - Marker setting fee _____ JAN 25 2008

Recording/Filing/Transfer Fees _____ 65.

Sales taxes _____ 20.93

MOUNT HOPE CEMETERY

Total Due _____ 1094.93

Paid receipt number R60648 1094.93

WAS MEM CTR 11273
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.

Patricia Bran
Signature

SHARLA WILLIAMS
619-471-3090
MORT.

231367
Dalricia Brown -
Print Name
5011 Elm St
Address
San Diego 92102
City Zip Code
619 471 5983
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20590

ORDER

HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

E20590

DATE 11-24 1979

CHARGE VIRENA Brown-263-1822ADDRESS 5011 Elm St. S.D. (22)NAME OF DECEASED Ben. NeedOWNER above

ADDRESS _____

MORTUARY _____

LOT 48 GR 3 ROW _____ SEC 1 DIV 11230 00

OPENING TIME _____ DAY DATE _____

VAULT BOX _____ SIZE _____

REMOVAL OR FOUNDATION VET. _____

TOTAL 430 00PAID RECEIPT NUMBER 27820

BALANCE _____

PAID

NOV 29 1979

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

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

#10103 AUTHORIZED IN PERSON Virena Brown ORDER TAKEN BY W. Long

PHONE BY _____ W.O. NO. E 000000 INVOICE NO. Cash

E20590

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

75

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

1A. NAME OF DECEDENT - FIRST (GIVEN) VIRENA	1B. MIDDLE C	1C. LAST (FAMILY) BROWN	2. DATE OF BIRTH MONTH, DAY, YEAR 01/23/1932	3. DATE OF DEATH MONTH, DAY, YEAR 01/20/2008	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 PATRICA BROWN, DAUGHTER 5011 ELM STREET SAN DIEGO, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH WMS SAN DIEGO MEMORIAL CHAPEL,, 2441 UNIVERSITY AVE SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER - IF APPLICABLE	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Patricia Brown</i> 01/25/2008		
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103099 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/25/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET AVE, SAN DIEGO, CA 92102	11B. DATE BURIED 1-28-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

N.R.

Date 1-25-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SANDRA GALE HAAS # 231463 in a URN Funeral, date, time TBD 3/19/2008 Church, Chapel, Graveside CA Cremation 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 2142 Grave 1
 Grave space & Care Fund 566.
 Overtime/Late Arrival Fees _____
 Opening/Closing & Setup 199.
 Burial Container _____
 Handling Fees _____
 Flower vases - Marker setting fee _____
 Recording/Filing/Transfer Fees 85.
 Sales taxes _____

PAID

JAN 25 2008

MOUNT HOPE CEMETERY

*MARKET INSTL
PAID 3-7-08
R60733
CONT*

Total Due 850.00
 Paid receipt number R60649 850.00
 City # 2322 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.

231463

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

MIKEL HAAS
 Print Name
 8030 WILPOSA ST
 Address
 LA MESA, CA 91941
 City Zip Code
 (619) 461-9876
 Telephone
W-531-5274

Work Order # E 20591 Invoice # _____
 Abct. # _____

E20591

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Ash Vault

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Sandra G. Haas ⊗

Interment Date: 3/14/08 Time: 1:30

Div: 8 Sect: 3 Blk/Row: _____ Lot: 2142 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20591

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

110683-02

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

1A. NAME OF DECEDENT - FIRST (GIVEN) SANDRA	1B. MIDDLE GALE	1C. LAST (FAMILY) HAAS	2. DATE OF BIRTH MONTH, DAY, YEAR 05/04/1935	3. DATE OF DEATH MONTH, DAY, YEAR 01/23/2008	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 MIKE HAAS, SON 8830 MARICOPA ST LA MESA, CA 91941		
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 FD1357	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Victoria Mitchell</i>		
ACKNOWLEDGEMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed 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 1/25/08	

* 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/25/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT BY CALIFORNIA			

10. AUTHORIZED DISPOSITION(S) CR/BU	FOR CORONER'S USE ONLY
--	------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED 3/15/08	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 1-29-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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 DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.5, 7116, 7117, AND 103080.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

At need

Date 1/28/08

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

of MARIA T. RODRIGUEZ ~~231378~~ 231378

in a ASIT VAULT Funeral, date, time Tues Feb 5 1:00

Church, Chapel, Graveside AMERICAN CREMATION 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 47 Grave 15

Grave space & Care Fund 426.-

Overtime/Late Arrival Fees -

Opening/Closing & Setup 100.-

Burial Container 79.-

Handling Fees 85.-

Flower vases - Marker setting fee -

Recording/Filing/Transfer Fees 65.-

Sales taxes 6.12

PAID
JAN 31 2008

MOUNT HOPE CEMETERY

Total Due 810.12

Paid receipt number R-60661 810.12

Balance due 0

ID Verified MFD

I hereby certify I am the Rafael Garcia of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 231371

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

Rafael Garcia
Signature

X Rafael Bracia
Print Name
X 424 Carlos ST
Address
San Diego CA 9
City
(619) 262-5778
Telephone

Invoice # _____

Work Order # E 20592

Acct. # _____

E20592

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

D

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

Burial Container

ASHURDUE

			X			

Flagged

Yes

No

Blind check Initiated by:

Date:

Interment space for:

Interment Date:

2/5/08

Time:

1:00 GS

Div:

11

Sect:

2

Blk/Row:

Lot:

47

Grave:

15

Grave Laid out by:

Norman + Ken

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Date

Cremains were placed at:

of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E20592
7907

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

1A. NAME OF DECEDENT - FIRST (GIVEN) MARIA	1B. MIDDLE TERESA	1C. LAST (FAMILY) RODRIGUEZ	2. DATE OF BIRTH MONTH, DAY, YEAR 06/07/1953	3. DATE OF DEATH MONTH, DAY, YEAR 01/27/2008	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 V. BENITEZ, DAUGHTER 424 CARLOS ST. SAN DIEGO, CA 92102
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH AMERICAN CREMATION SERVICE, 6136 MISSION GORGE ROAD, STE 100 SAN DIEGO, CA 92120		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1752

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on 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: *[Signature]* 8B. DATE SIGNED: **01/30/2008**

PERMIT <small>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/30/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
10. AUTHORIZED DISPOSITION(S) CR/BU		FOR CORONER'S USE ONLY	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITIONS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2-5-08	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 1-31-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9c (REV. 12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103080.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E20592

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK FILE

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

61557

Date: March 25, 20 09

From: Rafael Garcia Address: ondule
two hundred eleven 0911 Dollars (\$) 211.09

in 11 Payment of Marker installation & base for Mario T. Rodriguez
Div 11 Sec 2 Blk/Row _____ Lot 47 Grave 15

Invoice No. E-20592

Acct. No. _____

W.O. _____

BALANCE DUE 0

- Money Order
- Charge
- Check

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

ISSUED BY Maria

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	<u>14.00</u>
	100	
Handling Fee	77185	<u>18.00</u>
Recording &	100	
Misc. Fees	77183	<u>178.00</u>
Sales Tax	60101	<u>1.09</u>
	78390	
TOTAL PAID	\$	<u>211.09</u>

SAT
MT HOPE

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 1-28-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RHONDA JAMES 231374

In a LINER Type of Burial Container Funeral, date, time SAT FEB 2 11:00P
Church, Chapel, Graveside CALIFORNIA CREMATION 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 69 Grave 2

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees <u>SAT 8.57</u>	851.00
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93

PAID
JAN 30 2008
MOUNT HOPE CEMETERY

Total Due 4209.93

CHK 68-7447 1209.93
00425026053000 Paid receipt number 260656
4209.93

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.

Leonard James
Signature

LEONARD JAMES
6901 BULLOCK DR
S.D. 92114

231374

Leahly Peterson
Print Name
8305 Broadway # 3
Address
San Diego CA 91945
City
619 465 0333 Zip Code
Telephone

64-857-6365
Work Order # **E 20593**

Invoice # _____
Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Rhonda James

Interment Date: _____ Time: _____

Div: 12 Sect: 1 Blk/Row: _____ Lot: 69 Grave: 2

Grave Laid out by: Norman Pergus o Item

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20593

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

53

1A. NAME OF DECEDENT - FIRST (GIVEN) RHONDA	1B. MIDDLE G	1C. LAST (FAMILY) JAMES	2. DATE OF BIRTH MONTH, DAY, YEAR 04/22/1954	3. DATE OF DEATH MONTH, DAY, YEAR 01/27/2008	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LEONARD JAMES, HUSBAND 6901 BULLOCK DR. SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1689	8A. SIGNATURE OF APPLICANT - Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 1/31/08
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 01/31/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2/2/08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

In grave w/ yoshiko

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1/28/08

At need
ashes left upper corner
of grave 25-28" dia

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

of Yoshinobu Sueyoshi # 206315

in a ASH VAULT Type of Burial Container Funeral, date, time Feb. 23, 2008 11:00

Church, Chapel Graveside Mortuary AM

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 25 Grave 2

Grave space & Care Fund E-11571 0

Overtime/Late Arrival Fees SATURDAY FEE 298.-

Opening/Closing & Setup See E-20628 _____

Burial Container 11.5" x 7.5" x 7" 79.00

Handling Fees _____ 85.00

Flower vases - Marker setting _____

Recording/Filing/Transfer Fees PAID 65.00

Sales taxes FEB 19 2008 6.12

Total Due 533.12

MOUNT HOPE CEMETERY pt of Riverside 533.12

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
hold under deed.

X Signature _____

231416
X Annie Gristina
Print Name
X 12933 Caminito Beso
Address
X San Diego CA 92130
City Zip Code
X
Telephone _____

Work Order # E 20594

Invoice # _____
Acct. # _____

E20594

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS **75** ID#26694

1A. NAME OF DECEDENT - FIRST (GIVEN) YOSHINOBU	1B. MIDDLE -	1C. LAST (FAMILY) SUEYOSHI	2. DATE OF BIRTH MONTH, DAY, YEAR 03/10/1932	3. DATE OF DEATH MONTH, DAY, YEAR 01/02/2008	4. SEX M
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5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ANNIE GRISTINA, DAUGHTER 12933 CAMINITO BESO SAN DIEGO, CA 92130
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE SAN DIEGO, CA 92113	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD843	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Richard King</i>	8B. DATE SIGNED 01/07/2008
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/07/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT OF CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CR/BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-23-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>David Yoniga</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ETERNAL HILLS CREMATORY, 1999 EL CAMINO REAL, OCEANSIDE, CA 92054	12B. DATE CREMATED 1-9-08	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION CREMATORY MANAGER Mark Christensen
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

in grave with
Mattie Carter
"use back gate"

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1/31/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Raymond Shields 231382

in a Double-Depth "B" Funeral, date, time FRIDAY FEB 8 11:00 am

Church, Chapel, Graveside WMS. 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 11 Section 2 Blk/Row ~ Lot 57 Grave 8

Grave space & Care Fund E-19580 < 1/26/2006 > ⊖

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due See E-19580

Paid receipt number _____

See
Balance due E-19580

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 _____

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

See attached

Work Order # E 20595

Invoice # _____

Acct. # _____

E20595

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1/31/2008

in grave with
Mattie Carter
"use back gate"

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

in a Double-Death "B" Funeral, date, time FRIDAY FEB 8 11:00 AM
Church/Chapel, Graveside WMS San Diego Mortuary.

All Funeral cases 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 57 Grave 8
Gravespace & Case Fund E-19580 < 1/26/2006 >

- Overtime/Late Arrival Fees
- Opening/Closing & Setup
- Burial Container
- Handling Fees
- Flower vases - Marker setting fee
- Recording/Filing/Transfer Fees
- Sales taxes

Total Due see E-19580

Paid receipt number _____
Balance due see E-19580

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 unless dead.

Clara Pearson
Signature

CLARA PEARSON
Full Name
353 61st Street
Address
San Diego, Ca 92114
City
(619) 263-5680
Telephone

Invoice # _____
Acct. # _____

Work Order # E 20595

JAN-31-2008 11:08A FROM: WMS SD MEMORIAL CHAP 6196920896
P.1
TO: 5273403
10:48 AM 01/31/2008 10:48 AM 10:48 AM 7500000004 P.1

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

E-19580
01/25/06 3:45

At-Need

Date 1-25-06

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

in a Double-Depth 'A' Funeral, date, time Friday Jan 27, 1:00

Church/Chapel/Graveside BAYVIEW SAN DIEGO Memorial Mortuary

All Funeral calls must arrive before 3:00 p.m. of regular work day or an extra charge of \$212 will be applied and billed to undersigned

Division	<u>11</u>	Section	<u>2</u>	Blk/Row	<u>---</u>	Lot	<u>57</u>	Grave	<u>8</u>
Grave space & Care Fund									<u>2264.-</u>
Overtime/Late Arrival Fees									<u>---</u>
Opening/Closing & Setup									<u>2 @ 531.-</u> <u>1066.-</u>
Burial Container									<u>539.-</u>
Handling Fees									<u>454.-</u>
Flower vases - Marker setting fee									<u>---</u>
Recording/Filing/Transfer Fees									<u>2 @ 65.-</u> <u>130.-</u>
Sales taxes									<u>41.77</u>
Total Due									<u>4494.77</u>

Pers. select grave
MORT. 2 PAT

Print recipient number _____
Balance due _____

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

229957

I hereby authorize the interment in full and under deed

Clara Pearson

x Clara Pearson
Address 353 61st st
SD, Ca 92114
City _____
Telephone _____
Invoice # _____
Acct # _____

Paulette

Work Order # E-19580

MEA-104 (2-04)

This information is available in alternative formats upon request.

© Product of the United States

Pa by Mrs. Shalanda...

E19580

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 9:20 am 1/29/08 (call back)CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

 MORTUARY NAME: SO memorial - Sheila FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: _____

TELEPHONE NO: _____

NAME OF DECEASED:

LAST NAME: SheieldsFIRST NAME: Raymond

DOD: _____

DOB: 11, 2, 1957, 8VETERAN

BRANCH OF SERVICE: _____

 REGULAR SIZE CASKET OVERSIZE CHILD

FUNERAL SERVICE

TYPE OF SERVICE: CHURCH CHAPEL GRAVESIDE

LOCATION OF SERVICE: _____

DATE OF SERVICE: _____

TIME OF SERVICE: _____

EXPECTED ARRIVAL TIME AT MT. HOME: _____

CEMETERY PROPERTY:

 A/N P/N P/N TRUST

DIV: _____

SECT: _____

BLK/ROW: _____

LOT: _____

GRAVE: _____

 SINGLE GRAVE CREMATION DBL DEPTH 1st BURIAL 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE COMMITTAL GRAVESIDE WITNESS ONLY DELIVERY ONLY P/A DELIVERY MILITARY DETAILSPECIAL INSTRUCTIONS: Holding grave (9) in 11, 2, 57, 9 if they want to purchase.

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Mattie Carter "A"

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

Burial Container DD-CRYPT "B"

			X				

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Raymond Shields

Interment Date: 2/8/08 Time: 11:00 am

Div: 11 Sect: 2 Blk/Row: _____ Lot: 57 Grave: 8

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E19580

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

49

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

1A. NAME OF DECEDENT - FIRST (GIVEN) RAYMOND	1B. MIDDLE LEE	1C. LAST (FAMILY) SHIELDS	2. DATE OF BIRTH MONTH, DAY, YEAR 01/17/1959	3. DATE OF DEATH MONTH, DAY, YEAR 01/27/2008	4. SEX M
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5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CLARA PEARSON, MOTHER 353 61ST STREET SAN DIEGO, CA 92114
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH WILLIAMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1575	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Heidi A. Williams</i>	8B. DATE SIGNED 01-29-2008
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/29/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
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10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92013	11B. DATE BURIED 2-8-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.8, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 01/29/08

*At need
 (Direct Burial)*

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

of ELIZABETH ANN PATRICIA CUBIEN CAPATANDOS 231458

in a Top Vault Funeral, date, time Tues Mar 11, 1:00

Church, Chapel, Graveside EL Camino Cymptuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 69) 264-3168 Rachel

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row ~ Lot 740 Grave 1

Grave space & Care Fund 3011.-

Overtime/Late Arrival Fees -

Opening/Closing & Setup 708.-

Burial Container 472.-

Handling Fees 350.-

Flower vases - Marker setting fee 237.-

Recording/Filing/Transfer Fees 85.-

Sales taxes 36.58

MOUNT HOPE CEMETERY

Total Due

4899.58

Paid receipt number

R-60737

4,899.58

Balance due 0

fax 264-6919

fax 858-481-9609

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 231457
X Address See Attached
X City _____ Zip Code _____
X Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 20596

FROM

(FRI) MAR 7 2008 10:00/ST. 10:00/NO. 7800000000 P 1

E20596

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 01/29/08

At need
(Direct Burial)

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

of ELIZABETH ANN PATRICIA O'BRIEN GAPTANDS

in a Top Vault Funeral, date, time Tues Mar 11,

Church, Chapel, Graveside EL Camino Cypress

All Funeral care must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 49) 264-3118 Rachel

will be applied and billed to undersigned.

Division 8 Section 1 Blk/Row ~ Lot 740 Grave 1

Grave space & Care Fund	3011.-
Overtime/Late Arrival Fees	-
Opening/Closing & Setup	708.-
Burial Container	472.-
Handling Fees	350.-
Flower vases - <u>Marker setting fee</u>	237.-
Recording/Filing/Transfer Fees	85.-
Sales taxes	36.58
Total Due	4991.58

Paid receipt number _____

Balance due _____

Call 858-481-9609

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 S. DEL POZO
2658 Del Mar Heights Road # 267
Del Mar, CA 92014
858 481 9487

Invoice # _____
Acct. # _____

Signature Paullette
Work Order # E 20596

Fax 619 527 3403

E20596

SAN DIEGO LEGAL ASSISTANTS

ELIZABETH S. DEL POZO
Private Professional Fiduciary
2658 DEL MAR HEIGHTS ROAD. PMB # 267
DEL MAR, CA 92014
FAX: (858) 481-9609
(858) 481-8823
betsyd@sdl.com

Date 3/7/08

FAX 619 527 3403

To: Mt Hope Cemetery

RE: Elizabeth AP Capatanos
Attn: Paulette

- For your information
 - For your file
 - In accordance with your request
 - Original will or will not follow
 - Please telephone me
 - Please acknowledge receipt 858 481 9487 or 858 603 0397
- Interment Order**

Thank you for your attention to this matter.

Herminia
Assistant to Elizabeth S. del Pozo

all
van Dyke. Fax all *del Pozo*
attn: Birth + Death
* David Martin
fax 760-747-4107
do by Friday

Seaman-Poe
619-21641933 T.S. Vault -
858-481-9487

12x24x3
~~12x30x~~

Granite

non-res.

fax 858-481-9609
attn. to Elizabeth Delgado

AT NEED
TO VAULT

50.000.
3507.51

NON RES
46602.58

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

E20596

9/16
3/168

DATE/TIME RECEIVED CALL: 1-17-08

CALL TAKEN BY: Tom

RECEIVED CALL FROM:

PAUL MOSHER 619-849-8628
El Camino CYPRES

MORTUARY NAME: LOUIS COLONIAL BOW BOWCH

FAMILY MEMBER/REPRESENTATIVE

ACT 858-2655
603-

CONTACT PERSON: HARMINIA LEGON 4297

TELEPHONE NO: 858-481-9487 OR 9466

NAME OF DECEASED:

8-573571

LAST NAME: ELIZABETH CAPITANOS

FIRST NAME: DAUGHTER OF PAGER, O'BRIAN
8-144924

DOD: 1-17-08

DOB: _____

VETERAN BRANCH OF SERVICE: _____

REGULAR SIZE CASKET

OVERSIZE

CHILD

FUNERAL SERVICE

TYPE OF SERVICE: CHURCH

CHAPEL

GRAVESIDE

LOCATION OF SERVICE: _____

DATE OF SERVICE: _____

TIME OF SERVICE: _____

EXPECTED ARRIVAL TIME AT MT. HOME: _____

CEMETERY PROPERTY:

A/N

P/N

P/N TRUST

DIV: _____

SECT: _____

BLK/ROW: _____

LOT: _____

GRAVE: _____

SINGLE GRAVE

CREMATION

DBL DEPTH

1st BURIAL

2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE COMMITTAL

GRAVESIDE

WITNESS ONLY

DELIVERY ONLY

P/A DELIVERY

MILITARY DETAIL

SPECIAL INSTRUCTIONS:

CA special care

91942

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Top Seal Vault

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Elizabeth Capatanos

Interment Date: _____ Time: _____

Div: B Sect: 1 Blk/Row: _____ Lot: 740 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremain 5-08 EE Camino Memorial

To ELIZ LAPATANOS
 Date _____ Time _____ AM/PM
While You Were Out
 M DIERDRE
 of WELLS FARGO BANK LB
 Phone 502-528-3726
Area Code Number Extension

URGENT!	TELEPHONED	
CAME TO SEE YOU	RETURNED YOUR CALL	
WANTS TO SEE YOU	PLEASE CALL	
RUSH	WILL CALL AGAIN	

MESSAGE _____

NATURE SAVER SIGNED _____

Reorder No. 01325

ELLS
ARGO

N9306-042
PO BOX 1458
MINNEAPOLIS MN 55479
612-316-0869

CHECK NO: 25245454

E20596

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA 92102

Account Number:
387987001

CHECK NO: 25245454

Account Number:

387987001

Account Name:

CAPATANOS, ELIZABETH A P T/U/A

Date:

MARCH 6, 2008

Paid To:

MT. HOPE CEMETERY

For:

FUNERAL EXPENSE
INTERMENT ORDER #E20596

Principal Amount:

*****\$4,899.58

XB 65 11 6279

Please detach and retain for your records

E20596

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

78

1A. NAME OF DECEDENT - FIRST (GIVEN) ELIZABETH	1B. MIDDLE ANN PATRICIA	1C. LAST (FAMILY) CAPATANOS	2. DATE OF BIRTH MONTH DAY YEAR 05/18/1929	3. DATE OF DEATH MONTH DAY YEAR 01/17/2008	4. SEX F
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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 ELIZABETH S. DEL POZO, CONSERVATOR 2658 DEL MAR HEIGHTS RD. #267 DEL MAR, CA 92014
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL-IMPERIAL AVE., 3953 IMPERIAL AVE. SAN DIEGO, CA 92113	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD-670	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Carla Arner</i>	8B. DATE SIGNED 01/24/2008
---	--	---	-------------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 01/24/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
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10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 3-11-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Abraham Lopez</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7064.8, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2/1/2008

*At Need
in grave with
"Elvertor Fay"*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aubrey Fay Sr. ♂

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

Church, Chapel, Graveside _____ Anderson 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 7 Section 17 Blk/Row — Lot 20 Grave 7

Grave space & Care Fund C-6349

Overtime/Late Arrival Fees _____

Opening/Closing & Setup E-12906 <6-4-967

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees E-12906 <6-4-967

Sales taxes _____

Actually E-12906 is for payment of a full body interment. Total Due _____
Paid receipt number N/A

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 under deed.

X
Signature _____

X Print Name _____
X Address _____
X City _____ Zip Code _____
X Telephone _____
See E-20704

Work Order # E 20597

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre-Need
lot & trust

231385

Date 2/11/2008
231386

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

in a Double Depth A & B 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>11</u>	Section <u>1</u>	Blk/Row <u>W</u>	Lot <u>159</u>	Grave <u>3</u>	
Grave space & Care Fund					<u>2,264.00</u>
Overtime/Late Arrival Fees					
Opening/Closing & Setup					<u>2 @ 533.00</u>
Burial Container					<u>539.00</u>
Handling Fees					<u>454.00</u>
Flower vases - Marker setting fee					
Recording/Filing/Transfer Fees					<u>2 @ 65.00</u>
Sales taxes					<u>41.77</u>
Total Due					<u>4,494.77</u>
Paid receipt number <u>P-01123</u>					<u>900.00</u>
Balance due					<u>3,594.77</u>

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

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

Henry Mitchell
Signature

X HENRY MITCHELL JR.
Print Name
X 2345 LACONIA ST.
Address
X SAN DIEGO 92114
City Zip Code
(619) 582-6030
Telephone

Invoice # _____

Work Order # E 20598

Acct. # _____

E20598

P

LEGEND: Insert N/A in the items below which are not applicable

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME MITCHELL, Henry (n), Jr.			2. SERVICE NUMBER 481 67 45		3. GRADE, RATE OR RANK FN		4. DAYS OF RANK (Day, Month, Year) 1 June 1957				
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS NAVY USN-S			5. PLACE OF BIRTH (City and State or Country) Fort Worth, Texas			6. DATE OF BIRTH 16 Nov 36					
	7. RACE NEG		8. SEX Male	9. COLOR HAIR Black	10. COLOR EYES Brown	11. HEIGHT 71"	12. WEIGHT 167	13. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		14. MARITAL STATUS Married		
	15. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED High School - 04			16. MAJOR COURSE OR FIELD Industrial Arts								
TRANSFER OR DISCHARGE DATA	17. TYPE OF TRANSFER OR DISCHARGE Transfer to the Reserve			18. STATION OR INSTALLATION AT WHICH EFFECTED USNAVREGSTA, San Diego, California								
	19. REASON AND AUTHORITY BUPERS Man. Art. C-10306(1)(e) Code 203 BUPERS NOTICE 1910						20. EFFECTIVE DATE 11 Oct 57					
	21. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USS PIEDMONT (AD-17)				22. CHARACTER OF SERVICE Honorable			23. TYPE OF CERTIFICATE ISSUED DD 217N				
SELECTIVE SERVICE DATA	24. SELECTIVE SERVICE NUMBER 4 64 36 238			25. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE #64, Madera, Madera, California						26. DATE INDUCTED 5 Mar 56		
	27. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED COM 11 - San Diego, California											
	28. TERMINAL DATE OF RESERVE OBLIGATION 4 March 62			29. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER: NA				30. TERM OF SERVICE (Years) NA		31. DATE OF ENTRY NA		
SERVICE DATA	32. PRIOR REGULAR ENLISTMENTS NA			33. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE SR		34. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Los Angeles, California						
	35. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) 22490 Elm St., Chowchilla, California			36. SPECIALTY NUMBER AND TITLE 0000 Fireman, Marine 7-70.210		37. RELATED CIVILIAN OCCUPATION AND O. O. Y. NUMBER 7-70.210		38. STATEMENT OF SERVICE			39. YEARS MONTHS DAYS	
	40. CREDITABLE FOR BASIC PAY PURPOSES		(1) NET SERVICE THIS PERIOD		01		07		07			
			(2) OTHER SERVICE		00		00		00			
			(3) TOTAL (Line (1) + Line (2))		01		07		07			
	41. TOTAL ACTIVE SERVICE		01		07		07					
42. FOREIGN AND/OR SEA SERVICE		01		04		02						
43. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NA												
44. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) NA												
45. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED												
46. SCHOOL OR COURSE			47. DATES (From - To)			48. MAJOR COURSES			49. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED			
NA			NA			NA			NA			
VA DATA	50. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input type="checkbox"/> NO					51. AMOUNT OF ALLOTMENT			52. MONTH ALLOTMENT DISCONTINUED			
	53. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)								54. VA CLAIM NUMBER C			
AUTHENTICATION	55. REMARKS NOT ENTITLED TO MOP RECOMMENDED FOR REENLISTMENT											
	56. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) 3615 Reliant St., San Diego, San Diego, Calif.						57. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Henry Mitchell Jr.</i>					
	58. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER L. R. PERCE, CWO, USN ASST SEP OFF BY DIR OECO						59. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>					

DD FORM 1 NOV 55 214

REPLACES EDITION OF 1 JUL 53, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

1

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

**16 chairs
A+ Need**

Date 2-4-2008

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

of Jaime George Garcia Sr. ~~231387~~ 231387

in a N/A Funeral, date, time Sat. Feb. 9. Th 10:00

~~Miss~~ 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 470 Grave 1

Grave space & Care Fund	426.00
Overtime/Late Arrival Fees	<u>Saturday Fee</u> 298.00
Opening/Closing & Setup	149.00
Burial Container	_____
Handling Fees	_____
Flower vases - Marker setting fee	_____
Recording/Filing/Transfer Fees	65.00
Sales taxes	_____

MOUNT HOPE CEMETERY Total Due 938.00
 Paid receipt number R-60672 938.-
 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 dead _____

[Signature]
 Signature

X Maricella Garcia 231393
 Print Name
X 4128 Mississipi st apt 3
 Address
X SD Ca. 92104
 City
X 619 665 5964
 Telephone

Work Order # E 20599

Invoice # _____
 Acct. # _____

(Daughter) x67759
Marcella 533-3998 fax

E20599

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

67 10711-01

1A. NAME OF DECEDENT - FIRST (GIVEN) JAIME	1B. MIDDLE G	1C. LAST (FAMILY) GARCIA	2. DATE OF BIRTH MONTH, DAY, YEAR 12/26/1940	3. DATE OF DEATH MONTH, DAY, YEAR 01/14/2008	4. SEX M
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CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARICELLA GARCIA, DAUGHTER 4128 MISSISSIPPI ST #3 SAN DIEGO, CA 92104
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH WILLIAMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1575
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ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 <i>[Signature]</i>	8B. DATE SIGNED 01/25/2008
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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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/25/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
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10. AUTHORIZED DISPOSITION(S) CR/BU	FOR CORONER'S USE ONLY
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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 2/9/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY, 601-D STREET, LAKE ELSINORE, CA 92530	12B. DATE CREMATED 1-31-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

ART UGED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-4-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PARRIS & MARLEY 231384
 in a 0 Casket Funeral, date, time, 2-8-08 FRI 10:00AM
 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 9 Section 1 Blk/Row _____ Lot 1062 Grave 1

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	1
Opening/Closing & Setup	178.00
Burial Container	99.00
Handling Fees	36.00
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67

PAID
FEB - 5 2008
MOUNT HOPE CEMETERY

127-47-01 CCAP 431094 Total Due 527.67
26066 Paid receipt number 400.00

REGIE HAMMON

CHK 644 Balance due 127.67
120033

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
Abil Parrish
 Signature

Abil Parrish 231383
 Print Name
7192 Viewcrest Dr.
 Address
San Diego 92114
 City Zip Code
(619) 246-7230
 Telephone

Work Order # E 20600

Invoice # _____
Acct. # _____

F20600

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container WING

			X			

Flagged Yes _____ No _____

Blind check initiated by: _____ Date: _____

Interment space for: MARLEY PARIZISH

Interment Date: FEB 28 08 Time: 10:00

Div: 9 Sect: 1 Blk/Row: _____ Lot: 1067 Grave: 1

Grave Laid out by: Norman & Ken

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E 20600

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) MARLEY	1B. MIDDLE AMIR	1C. LAST (FAMILY) PARRISH	2. DATE OF BIRTH MONTH, DAY, YEAR 01/31/2008	3. DATE OF DEATH MONTH, DAY, YEAR 01/31/2008	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 RENEE HAMM, MOTHER 3829 MT. BLACKBURN AVENUE SAN DIEGO, CA 92111
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329	8A. SIGNATURE OF APPLICANT - <i>Serrita Lynn</i> 2/6/08	8B. DATE SIGNED 2/6/08
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 02/06/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
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10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-8-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R. 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/4/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary W. Hamilton 231392 in a TS VAULT Type of Burial Container Funeral, date, time Thurs, Feb 7, 2008 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 12 Section 2 Blk/Row _____ Lot 77 Grave 7

Grave space & Care Fund E-17258 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

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

Address _____

City _____

Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20601

Acct. # _____

Pre-paid burial

E20601

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-7-02

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Mary W. Hamilton

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 77 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund PAID IN FULL _____

Opening/Closing & Setup 9-25-02 375.00

Burial Container R-55439 250.00

Handling Fees 185.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 19.38

R-55293 Total Due 1969.38

Paid receipt number Down Payment 1500.00

Balance due 269.38

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

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

Signature of recorded holder of deed _____

Barbara J. Beaman Signature

4153 Idaho St #9 Address

San Diego, CA 92104 City Zip Code

(619) 283-2784 Telephone

Work Order # E 17258

Invoice # _____

Acct. # _____

E20601

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container TS VAULT

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Mary Hamilton

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 77 Grave: 7

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20001

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

77

1A. NAME OF DECEDENT - FIRST (GIVEN) MARY	1B. MIDDLE WILLMER	1C. LAST (FAMILY) HAMILTON	2. DATE OF BIRTH MONTH, DAY, YEAR 03/11/1930	3. DATE OF DEATH MONTH, DAY, YEAR 01/29/2008	4. SEX F
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5A. CITY OF DEATH TEMECULA	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE RIVERSIDE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BARBARA J BOWMAN, DAUGHTER 31976 CALLE NOVELDA TEMECULA, CA 92592
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1746	8A. SIGNATURE OF APPLICANT - <i>Mark Johnson</i>	8B. DATE SIGNED 2/01/2008
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is in 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 02/01/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ERIC K. FRYKMAN, M.D.
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA RIVERSIDE HEALTH DEPARTMENT 4065 COUNTY CIRCLE DR RIVERSIDE, CA 92503	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110
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10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-208	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R-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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

2 chairs

Date 2/4/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shigeru Moriyama 215570
in a Double Depth 'B' Funeral, date, time Feb 16th Saturday 11:00
Church, Chapel, Graveside Community Mortuary

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

Division 7 Section 11 Blk/Row W Lot 131 Grave 3

Grave space & Care Fund E-13853/E 19887 ⊖

Overtime/Late Arrival Fees Saturday fee 851.00

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

PAID

FEB 12 2008

MOUNT HOPE CEMETERY


Total Due 851.00

Paid receipt number R60680 851.00

APPOINTMENT 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.



231401
BRUCE RYAN MORIYAMA
Address 6138 ARROW AVENUE
SAN DIEGO CA 92114
City (619) 264-4600 Telephone 230

Work Order # E 20602

Invoice # _____
Acct. # _____

E2D602

MT. HOPE CEMETERY INTERMENT ORDER

Pre-Need
2nd Burial
Pd in Full

City of San Diego

Date 09-01-06

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

in a DD Crypt B 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 7 Section 11 Blk/Row _____ Lot 131 Grave 3 B

Grave space & Care Fund E-13853 _____ 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ \$533.00

Burial Container DD Crypt B _____ 0

Handling Fees _____ 05-04-06 wo# 4902 _____ 0

Flower vases - Marker setting fee Purchased gal vase on R-59606 _____ 0

Recording/Filing/Transfer Fees _____ \$65.00

Sales taxes SEP 1 2006 _____ 0

09-01-06 Total Due Pd by Visa \$598.00

MT. HOPE CEMETERY Paid receipt number Pd by Visa \$598.00

Pd in Full 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. pin# 215570

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

Signature Shigem Moriyma X

First Name SUPERIOR MORIYAMA

Address 16738 AKAS AVE

City SAN DIEGO, CA

Telephone 264-4600

David Lugo
Cemetery Mrg.

Invoice # _____

Work Order # E-19887

Acct. # _____

E20602

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

in with Misao Nakagawa

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

Burial Container

D.D.B.

			X			

Flagged

Yes

No

Blind check Initiated by:

Date:

Interment space for:

Shigen Maryama

Interment Date:

Sat. Feb 16th

Time:

11:00 G.S.

Div:

7

Sect:

11

Blk/Row:

w

Lot:

131

Grave:

3

Grave Laid out by:

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Date

Remains were placed at:

of grave


E 20602
90

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) SHIGERU	1B. MIDDLE -	1C. LAST (FAMILY) MORIYAMA	2. DATE OF BIRTH MONTH, DAY, YEAR 01/08/1918	3. DATE OF DEATH MONTH, DAY, YEAR 02/04/2008 FND	4. SEX M
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5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BRUCE MORIYAMA, SON 6738 AKINS AVENUE SAN DIEGO, CA 92114
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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 	8B. DATE SIGNED 02/12/08
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 02/12/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN HEALTH OR DISTRICT IN CALIFORNIA -
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10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO CA 92102	11B. DATE BURIED 2-16-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

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CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

AT N330
SD Resident
92113
1-14-08

164334
DOROTHY JOHNSON

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-5-08

Pin # 231391

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHNSON, ARTHUR GODFREY D W/

in a ASH VAULT Type of Burial Container Funeral, date, time N/D 2/7/08

Church, Chapel, Graveside COMPIGTON : CATHOLICAL 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. _____

select
Division 12 Section 3 Blk/Row _____ Lot 9 Grave 6

Grave space & Care Fund _____ 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ .14900

Burial Container _____ 79.00

Handling Fees _____ 85.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 65.00

Sales taxes _____ 6.12

PAID
FEB - 5 2008
MOUNT HOPE CEMETERY

Total Due \$ 384.12

Paid receipt number AP845677 384.12
CRCO.

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. 231390

BY PROX

Signature _____

Print Name KIMBERLY McELWEG #2
Address 1122 WEST HUNTINGTON DR
ARCADIA, CA 91007
City _____ Zip Code _____
Telephone 626-447-1012

FAX 213-607-6301

Work Order # E 20603

Invoice # _____

Acct. # _____

E 20603
69
10663-02

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) ARTHUR		1B. MIDDLE GODFREY		1C. LAST (FAMILY) JOHNSON		2. DATE OF BIRTH MONTH, DAY, YEAR 05/10/1938		3. DATE OF DEATH MONTH, DAY, YEAR 01/14/2008		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 MARIE JOHNSON, WIFE 4818 LOGAN AVE. SAN DIEGO, CA 92113					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950				7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1689		8A. SIGNATURE OF APPLICANT - Person taking permit <i>Clouette Russ</i>					8B. DATE SIGNED 1/18/2008
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is on 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA			9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 01/18/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD			
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110						9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --					
10. AUTHORIZED DISPOSITION(S) CREMATION/ BURIAL						FOR CORONER'S USE ONLY					

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102		11B. DATE BURIED 2-7-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY 601-D CRANE ST., LAKE ELSINORE, CA 92530		12B. DATE CREMATED 1-26-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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 DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103080.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

At Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/5/2008

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

of KOON CHOR CHENG 748
in a T.S. VAULT Funeral, date, time SATURDAY FEB 16 10:00
Church, Chapel, Graveside CA BURIAL arrival 1:00 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 IOOF Section _____ Blk/Row 7 Lot 6 Grave 3

Grave space & Care Fund <3-28-05> E-17555 0

Overtime/Late Arrival Fees SATURDAY 85.-

Opening/Closing & Setup 533.-

Burial Container 355.-

Handling Fees 263.-

Flower vases - Marker setting fee FEB 8 2008 _____

Recording/Filing/Transfer Fees 65.-

Sales taxes 27.51

PAID
MOUNT HOPE CEMETERY
Total Due 2,094.51
A 8078470 3/13
Paid receipt number AP 025188 2,094.51
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 Mady Cheng
Signature

x MADY CHENG
Print Name
x 9442 Capricorn Way
Address
x San Diego CA 92126
City Zip Code
x 858. 663. 7536
Telephone

Work Order # E 20604

Invoice # _____
Acct # _____

20604
E

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

61208

Date: 10-6, 2008

From: VALLEY MONUMENT CO Address: 1702 S. SAN GABRIEL BLVD SAN GABRIEL CA
FOUR HUNDRED-NINETY-SIX \$ 74/100 Dollars (\$ 419.79) 91776

in Full Payment of MONUMENT FOR 24"x28" (1) GRAY FLOWER VASE FOR
Div LOOF Sec 7 Bk/Row 6 Lot 6 Grave 3 CHENG, KOON CHER

Invoice No. 748

Acct. No. E020600

W.O. 6570

BALANCE DUE _____

- Money Order
- Charge
- Check 4021

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

PAID

OCT 06 2008

MOUNT HOPE CEMETERY

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
100		
Handling Fee	77185	<u>23 -</u>
Recording &	100	
Misc. Fees	77183	<u>395.32</u>
Sales Tax	80101	<u>1.47</u>
78390		
TOTAL PAID	\$	<u>419.79</u>

376.52
19.100

E206004

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Ø

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

Burial Container

T.S. Vault

			X			

Flagged

Yes

No

Blind check Initiated by:

Date:

Interment space for:

Koon Cheng

Interment Date:

2/16/08

Time:

10:00
checked SAT

Div:

100F

Sect:

—

Blk/Row:

7

Lot:

6

Grave:

3

Grave Laid out by:

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Date

Remains were placed at:

of grave

E 20604

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 79

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

1A. NAME OF DECEASED - FIRST (GIVEN) KOON CHOR	1B. MIDDLE -	1C. LAST (FAMILY) CHENG	2. DATE OF BIRTH MONTH, DAY, YEAR 04/19/1928	3. DATE OF DEATH MONTH, DAY, YEAR 02/07/2008	4. SEX M
5A. CITY OF DEATH POWAY	5B. COUNTY OF DEATH - OUTSIDE CALIF ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MADY CHENG, DAUGHTER 9442 CAPRICORN WAY SAN DIEGO, CA 92126		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1357	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Victoria Mitchell</i>		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is an 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 2/14/08	

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 02/14/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - # (DEATH OCCURRED IN OR FROM) SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - # (DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA) -		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 2-16-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

Preneed
LOT & TRUST

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/5/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of 231376 231375
of for Felipe Herrera & Hildeliza Herrera
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 229 Grave 10

Grave space & Care Fund		<u>2,264.00</u>
Overtime/Late Arrival Fees		
Opening/Closing & Setup	<u>\$ 533 x 2</u>	<u>1,066.00</u>
Burial Container		<u>539.00</u>
Handling Fees		<u>454.00</u>
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees	<u>\$ 65 x 2</u>	<u>130.00</u>
Sales taxes		<u>41.77</u>
	Total Due	<u>4,494.77</u>
	Paid receipt number <u>P-01128</u>	<u>899.00</u>
	Balance due	<u>3,595.77</u>

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.

Hildeliza Herrera
Signature

231375
Hildelisa Herreras
Print Name
715 DEWEY ST
Address
(619) 595-0542
City
San Diego CA 92113
Zip Code
Telephone

Work Order # E 20605 Invoice # _____
Acct. # _____

61667 231615

E 20605

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK FILE

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

Date: 5/14, 2009

From: H. Kaeliza Herrera Address: 715 Dewey Street

One hundred forty nine ^{82/100} Dollars (\$ 149.82)

in NO # N202245934560 Payment of E-20605

Div 12 Sec 2 Blk/Row Lot 229 Grave 10

Invoice No. _____

Acct. No. E-20605

W.O. _____

BALANCE DUE 1198.65

102245934560

- Money Order
- Charge
- Check

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

RECEIVED
MAY 14 2009

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	149.82
Sales Tax	60101	
	78390	
TOTAL PAID	\$	149.82

ACCT 6
63033

E20606

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-5-08

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

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 11 Section 1 Blk/Row _____ Lot 132 Grave 5

Grave space & Care Fund	.....	<u>2261.00</u>
Overtime/Late Arrival Fees <u>2ND BURIAL</u>	.....	<u>598.00</u>
Opening/Closing & Setup	.....	<u>533.00</u>
Burial Container	.....	<u>539.00</u>
Handling Fees	.....	<u>454.00</u>
Flower vases - Marker setting fee	.....	_____
Recording/Filing/Transfer Fees	.....	<u>65.00</u>
Sales taxes	.....	<u>41.77</u>

Total Due 4494.77

Paid receipt number CHE #121 4494.77

1260667 Balance due 0

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

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

Signature _____

MRS EDDIE MAE GRICE
Print Name
 2054 PIERINO DR
Address
 SAN DIEGO, CA 92114
City Zip Code
619 264-8192
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20606

F206006

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 2/4 2:00

CALL TAKEN BY: Pellett

RECEIVED CALL FROM:

MORTUARY NAME: Ragsdale - (Kevin)
 FAMILY MEMBER/REPRESENTATIVE
CONTACT PERSON: _____
TELEPHONE NO: _____

NAME OF DECEASED:

LAST NAME: Grice
FIRST NAME: James
DOD: _____ DOB: _____

VETERAN BRANCH OF SERVICE: _____

REGULAR SIZE CASKET OVERSIZE CHILD

FUNERAL SERVICE

TYPE OF SERVICE: CHURCH CHAPEL GRAVESIDE

LOCATION OF SERVICE: _____

DATE OF SERVICE: 2/9/08 TIME OF SERVICE: 11:00

EXPECTED ARRIVAL TIME AT MT. HOME: _____

CEMETERY PROPERTY: A/N P/N P/N TRUST

DIV: _____ SECT: _____ BLK/ROW: _____ LOT: _____ GRAVE: _____

SINGLE GRAVE CREMATION
 DBL DEPTH 1st BURIAL 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE COMMITTAL GRAVESIDE
 WITNESS ONLY DELIVERY ONLY
 P/A DELIVERY MILITARY DETAIL

SPECIAL INSTRUCTIONS: per Joseph will call

us on date 2/5

E 20608

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

77

1A. NAME OF DECEDENT - FIRST (GIVEN) JAMES	1B. MIDDLE SWANSON	1C. LAST (FAMILY) GRICE	2. DATE OF BIRTH MONTH, DAY, YEAR 08/12/1930	3. DATE OF DEATH MONTH, DAY, YEAR 02/02/2008	4. SEX M
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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 EDDIE MAE GRICE, WIFE 2054 PIERINO DRIVE SAN DIEGO, CA 92114
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329	8A. SIGNATURE OF APPLICANT - <i>Sierricka Pryor</i>	8B. DATE SIGNED 2/6/08
--	---	---	----------------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 11.00	9B. DATE PERMIT ISSUED 02/06/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
--	---	--	---	--

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF HEALTH SERVICES ARE IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
---	---

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
--	-------------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY; 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2/9/08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2-5-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GRICE JAMES S. 231389

in a DEATH "A" Funeral, date, time SAT 2-9-08 12:00
Type of Burial/Container

Church, Chapel, Graveside: PAGSDALE Mortuary: SAC 11200

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 Block/Row _____ Lot 132 Grave 5

Grave space & Care Fund	2264.00
<u>Overtime</u> /Late Arrival Fees	856.00
Opening/Closing & Setup <u>x (2)</u>	1066.00
Burial Container	539.00
Handling Fees	454.00
Flower vases - <u>Marker</u> setting fee <u>VA</u>	178.00
Recording/Filing/Transfer Fees <u>x 65</u>	130.00
Sales taxes	41.77

PAID
FEB - 6 2008
MOUNT HOPE CEMETERY

Total Due 5523.77

Paid receipt number CHK 121/22 5523.77
660658 Balance due 0

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

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

Signature _____

231388
Eddie Mae Grice
Print Name
2054 PIGRINO DR
Address
S.D. 92114
City Zip Code
619-264-8192
Telephone

Work Order # E 20607

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-6-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walker-Gastelum, Mary Louise 231381

in a T.S. Type of Burial Container Funeral, date, time 2-5-08 Feb 12:00

Church, Chapel, Graveside 1100 : FEATHERGILL 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 8V Grave 4

Grave space & Care Fund E 20506 PD 12-4-07 0

Overtime/Late Arrival Fees (SEE ATTACHED)

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due 0

Paid receipt number DIA

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.

Regina M. Leon
Signature

231288
Regina M. Leon
Print Name
4546 52nd St #207
Address
San Diego Ca 92115
City Zip Code
619 255-7522
Telephone

Work Order # E 20608

Invoice # _____

Acct. # _____

F20608

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre-need
Lot/Trust

Date 12/04/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of for Mary Louise Castelum Walker
in a Top Seal 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 12 Section 1 Blk/Row 1 Lot 84 Grave 4

Grave space & Care Fund		<u>2,264.00</u>
Overtime/Late Arrival Fees	PAID	
Opening/Closing & Setup		<u>533.00</u>
Burial Container	DEC 4 2007	<u>355.00</u>
Handling Fees		<u>263.00</u>
Flower vases - <u>Marker setting fee</u>	MOUNT HOPE CEMETERY	<u>178.00</u>
Recording/Filing/Transfer Fees		<u>65.00</u>
Sales taxes		<u>27.51</u>

Total Due 3,685.51
 Paid receipt number B-01061 -178.00
P-01062 3,507.51
 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. 231,788

I hereby authorize the interment in lot I
hold under deed.
X Regina M. Leon
Signature

X REGINA M. LEON
First Name
4546 52st # 207
Address
SAN DIEGO CA. 92115
City Zip Code
X 619-255-7522
Telephone

Package
Work Order # E 20506

Invoice # _____
Acct. # _____

E20608

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container T.S. VAULT

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: _____

Interment Date: _____ Time: _____

Div: 12 Sect: 1 Blk/Row: _____ Lot: 84 Grave: 4

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 200608
81

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

1A. NAME OF DECEDENT - FIRST (GIVEN) MARY	1B. MIDDLE LOUISE	1C. LAST (FAMILY) WALKER	2. DATE OF BIRTH MONTH, DAY, YEAR 12/06/1926	3. DATE OF DEATH MONTH, DAY, YEAR 02/04/2008	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 REGINA M. LEON, DAUGHTER 4546 52ND ST. #207 SAN DIEGO, CA 92115	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1083		
ACKNOWLEDGEMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed 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>M. Donin</i>		8B. DATE SIGNED 02/07/2008

PERMIT <small>AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION</small>	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 02/07/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
--	-------------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2-8-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre-need
Lot, trust 231400

Date 2-6-08

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

in a Uner 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 2 Section 2 Blk/Row 4 Lot 24 Grave 1

Grave space & Care Fund 2,264.-

Overtime/Late Arrival Fees **PAID** 533.-

Opening/Closing & Setup 270.-

Burial Container 206.-

Handling Fees 65.-

Flower vases - Marker setting fee 20.93

Recording/Filing/Transfer Fees 3,358.93

Sales taxes 3,358.93

Total Due \$3,358.93
Paid receipt number M/C 3,358.93
fp 259532
Balance due 0

MOUNT HOPE CEMETERY

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

I hereby authorize the interment in/for
hold under dead.

Tanya Hatch
Signature

231400
TANYA HATCH
First Name SPC
2750 WHEATSTONE ST 129
Address
SAN DIEGO CA 92111
City Zip Code
658-279-1568
Telephone

Work Order # E 20609

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*on grave of
 Sergius & Eugenia*

Date 2/6/08

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

of Katherine Hatch 646

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 2 Section 2 Blk/Row 1 Lot 27 Grave 1

Grave space & Care Fund 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup paid 11/25/2002 _____

Burial Container ASH VAULT 79.-

Handling Fees 85.-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees paid 11/25/2002 _____

Sales taxes 6.12

Total Due \$ 170.12

Paid receipt number 80% of lot 240.00

E-17452 Balance due + 69.88

DP 4210956 Refund

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

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

Signature Katherine Hatch KATHERINE HATCH # 646

Post Name PO BOX 71

Address LAJOLLA CA 92038

City 858 882 7970 Zip Code _____

Telephone _____

Work Order # E 20610 Invoice # _____
 Acct. # _____

#20610

Pre Need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11/25/02

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

of Katherine Hatch ^(wife)

in a ASH BURIAL _{Type of Burial Container} Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 245 Grave 1 Row _____ Section 4 Division/Block 8

Grave space & Care Fund 300.00

Additional spaces and care fund PAID

Opening/Closing & Setup 105.00

Burial Container NOV 25 2002

Handling Fees _____

Flower vases - Marker setting fee MT. HOPE CEMETARY

Recording and filing fee CITY OF SAN DIEGO, CA 45.00

Sales taxes _____

Total Due 450.00

Paid receipt number R 554652 450.00

Balance due 0

2/6/08 DP 4210 256
Request of lot
SER E-20610
(self)

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

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

Signature of recorded holder of deed _____

Katherine M. Hatch ^(wife)
Signature

16916-1 PARK MESA WAY
Address

SAN DIEGO, CA 92111
City Zip Code

858-349-2707
Telephone

Work Order # E 17452

Invoice # _____

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

© Printed on recycled paper

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*ESTATE
CASE*

Date 2/6/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Delores Pierce 231395 15th

In a Liner Type of Burial Container Funeral, date, time FRIDAY 11:00 2/15

Church, Chapel, Graveside Mortuary: El Cajon

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 239 Grave 1
Grave space & Care Fund 3,011.00

Overtime/Late Arrival Fees 708.00

Opening/Closing & Setup 359.00

Burial Container 275.00

Handling Fees 237.00

Flower vases - Marker setting fee 85.00

Recording/Filing/Transfer Fees 27.82

Sales taxes 4,702.82

PAID
FEB 11 2008
MOUNT HOPE CEMETERY

Total Due 4,702.82

Paid receipt number R-60676 4,702.82

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
Signature _____

X Print Name _____
X Address _____
X City _____ Zip Code _____
X Telephone _____
See attached
231396

Work Order # E 20611

Invoice # _____
Acct. # _____

F20611

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Liner

			X			

Flagged Yes _____

No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Delores Pierce

Interment Date: Friday 11/02/85 Time: _____

Div: 12 Sect: 7 Blk/Row: _____ Lot: 239 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/6/08

20611

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

of Dolores Pierce

In a Liner Funeral, date, time _____

Church, Chapel, Graveside 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 12 Section 2 Blk/Row _____ Lot 239 Grave 1

Grave space & Care Fund 3,011.00

Overlime/Late Arrival Fees _____

Opening/Closing & Setup 108.00

Burial Container 359.00

Handling Fees 275.00

Flower vases - Marker setting fee 237.00

Recording/Filing/Transfer Fees 85.00

Sales taxes 27.82

Total Due 4,702.82

Paid receipt number _____

Balance due _____

I hereby certify I am the X Concoer Vector of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Felicia Haury
 Signature

X Felicia Haury
 First Name
X 5201-A Ruffin Rd
 Address
X San Diego, CA 92123
 City State Zip Code
X (858) 495-5649
 Telephone

Invoice # _____

Acct. # _____

Work Order # E 20611

E 20611



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
JEAN M. SHEPARD, DIRECTOR

LORI G. BAYS
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(858) 694-3500 FAX (858) 694-3987

FAX COVER SHEET

DATE: 02/06/2008

FAX TO:

NAME: Maria Dovensky, Mount Hope Cemetery

AGENCY NUMBER: (619) 527-3403

FROM:

NAME: FELICIA HAURY, Deputy Public Guardian

TELEPHONE NUMBER: (858) 495-5649

FAX NUMBER: (858) 694-3987

SUBJECT: Delores Pierce

NUMBER OF PAGES (NOT INCLUDING THIS COVER SHEET): 1

MESSAGE:

Interment Order attached. Thank You

E 200611

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

84

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

1A. NAME OF DECEDENT - FIRST (GIVEN) DELORES	1B. MIDDLE -	1C. LAST (FAMILY) PIERCE	2. DATE OF BIRTH MONTH, DAY, YEAR 11/20/1923	3. DATE OF DEATH MONTH, DAY, YEAR 02/04/2008	4. SEX F
5A. CITY OF DEATH ESCONDIDO		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FELICIA HAURY, PUBLIC GUARDIAN 5201 RUFFIN ROAD SAN DIEGO, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CREMATION & BURIAL SOCIETY OF SAN DIEGO, 5252 BALBOA AVENUE STE.801 SAN DIEGO, CA 92117			7B. CALIF. LICENSE NUMBER -- IF APPLICABLE FD1929		8A. SIGNATURE OF APPLICANT - Person taking permit <i>Shea Burkhardt</i>
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 02/08/2008		

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 02/08/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -- IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -- IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92101	11B. DATE BURIED 2/15/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER - IF APPLICABLE

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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103065.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/6/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Perkins 228583

In a TS Vault Funeral, date, time Tue, Feb 19, 2008-1pm

Church, Chapel Graveside : Featherhill 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 4

Grave space & Care Fund E-18960 Q

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due Q

Paid receipt number _____

Balance due Q

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

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 20612

E200612

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-17-05

pre-need
lot & trust

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

of for Margaret Perkins 228583

in a T.S. 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 12 Section 2 Blk/Row — Lot 103 Grave 4

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 Fee *50.00

Sales taxes 21.31

FEB 28 2005

Total Due 1948.31

Paid receipt number R-58566 1948.31

MOUNT HOPE CEMETERY

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.

Signature Margaret Perkins

Print Name Margaret Perkins

Address 4648 Kansas Street #9

City San Diego, CA 92116 Zip Code

Telephone 619-282-1832

2 28583

Palette

Work Order # E 18960

Invoice # _____

ACCL # _____

F20012

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container TS Vault

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Margaret Perkins

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 103 Grave: 4

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E 20012
89

1A. NAME OF DECEDENT - FIRST (GIVEN) MARGARET	1B. MIDDLE -	1C. LAST (FAMILY) PERKINS	2. DATE OF BIRTH MONTH, DAY, YEAR 11/04/1918	3. DATE OF DEATH MONTH, DAY, YEAR 02/06/2008	4. SEX F
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BARBARA EVERTS, NEICE 3100 IPSWICH DR. PLANO, TX 75025		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1083	8A. SIGNATURE OF APPLICANT - Person taking permit <i>M. Davis</i>		
ACKNOWLEDGEMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed 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.</small>		8B. DATE SIGNED 02/15/2008			

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA</small>	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 02/15/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - # DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - # DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S)
BURIAL

FOR CORONER'S USE ONLY

	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL		
COMPLETE ALL APPLICABLE ITEMS	BURIAL	MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	2-19-08	<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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-8-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PATRICIA SPIKES - COSBY 231402

in a TS Type of Burial Container Funeral, date, time FEB 15, 08, 2:00 PM

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 237 Grave 11

Grave space & Care Fund _____ 300-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 708-

Burial Container _____ 472-

Handling Fees _____ 350-

Flower vases - Marker setting fee _____ 85-

Recording/Filing/Transfer Fees _____

Sales taxes _____ 3658

Total Due _____ 4662.58

Paid receipt number R260674 4662.58

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 M. Spikes

Print Name MARGIE SPIKES

Address 6105 BENSON AVE.

City SAN DIEGO

Telephone (619) 243-5034

Invoice # _____

Acct. # _____

Work Order # E 20613

E20613

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container TS VAULT

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: _____

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 237 Grave: 11

Grave Laid out by: Norman P Ken

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E 200613

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

49

1A. NAME OF DECEDENT - FIRST (GIVEN) PATRICIA	1B. MIDDLE ANN	1C. LAST (FAMILY) SPIKES-COSBY	2. DATE OF BIRTH MONTH, DAY, YEAR 09/27/1958	3. DATE OF DEATH MONTH, DAY, YEAR 02/05/2008	4. SEX F
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5A. CITY OF DEATH VALLEJO	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SOLANO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DONALD B. COSBY, HUSBAND 160 NANTUCKET LANE VALLEJO, CA 94590
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FOUCHES HUDSON FUNERAL HOME, 3665 TELEGRAPH AVE OAKLAND, CA 94609		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD443

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103000 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT - *Patricia Spikes-Cosby* 8B. DATE SIGNED: 02/08/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 02/08/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT RONALD W CHAPMAN
	10. AUTHORIZED DISPOSITION(S) BURIAL	10. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY	10. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY	10. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 2/15/08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103000.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/8/08

Transfer from

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 8,1,593-594 to MASON, C, 10, 11-12

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 MASON Section C Blk/Row _____ Lot 10 Grave 11-12

Grave space & Care Fund _____

Overtime/Late Arrival Fees **PAID** _____

Opening/Closing & Setup _____

Burial Container FEB 11 2008 _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/interment Transfer Fees \$ 65.00 _____

Sales Tax _____

Total Due \$ 65.00

Paid receipt number MC APO3411 65.00

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.

Mary Jean Arner
Signature

MARY JEAN ARNERSON
Print Name
2728 RUSSMAR DR
Address
SAN DIEGO 92123
City Zip Code
(858) 277-5891
Telephone

Work Order # E 20614

Invoice # _____
Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

AT NEED

Date 2/8/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JACK T. ARNESON ~~♂~~ 219050

in a ASH VAULT Funeral, date, time TUES. Feb. 20th 2:00

Church, Chapel, Graveside CHAIREMONT 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 C Blk/Row ~ Lot 10 Grave 11

Grave space & Care Fund ⊕

Overtime/Late Arrival Fees _____

Opening/Closing & Setup PAID 149.-

Burial Container _____ 79.-

Handling Fees FEB 11 2008 85.-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY 65.-

Sales taxes _____ 6.12

Total Due 384.12

Paid receipt number MC AP093411 384.12

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

Signature

Mary Jean Ornes

Print Name

209064

Address

City

Telephone

Invoice # _____

Acct. # _____

Work Order # E 20615

did not inventory

E20615

MT. HOPE GEMETERY
INTERMENT ORDER

City of San Diego

Transfer from

Date 2/8/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 8,1,593 + 594 to MASON, C, 10, 11 & 12

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 MASON Section C Blk/Row _____ Lot 10 Grave 11 & 12

Grave space & Care Fund _____

Overtime/Late Arrival Fees **PAID** _____

Opening/Closing & Setup _____

Burial Container **FEB 11 2008** _____

Handling Fees _____

Flower vases - Marker setting fee _____

(Recording/transfer) Transfer Fees **\$ 65.00** _____

Sales tax _____

Total Due **\$ 65.00**

Paid receipt number MC AP093411 65.00

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.

Mary Jean Arneson
Signature

X MARY JEAN ARNESON
X 2728 RUSSMAR DR
X SAN DIEGO 92123
X (858) 277-5891
Deed Name
Address
City
Telephone

Work Order # E 20614

Invoice # _____

Acct. # _____

E 20615

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container ASH VAULT

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Jack Arneson ⊗

Interment Date: 2/19 Time: Tues. Feb. 19

Div: Moss Sect: C Blk/Row: _____ Lot: 10 Grave: 11

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E-20015

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

ID#26803

1A. NAME OF DECEASED - FIRST (GIVEN) JACK	1B. MIDDLE THOMAS	1C. LAST (FAMILY) ARNESON	2. DATE OF BIRTH MONTH, DAY, YEAR 07/17/1927	3. DATE OF DEATH MONTH, DAY, YEAR 02/07/2008	4. SEX M
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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 MARY ARNESON, WIFE 2728 RUSSMAR DRIVE SAN DIEGO, CA 92123
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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>Nick K. ...</i>	8B. DATE SIGNED 02/14/2008
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 \$11.00	9B. DATE PERMIT ISSUED 02/14/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
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10. AUTHORIZED DISPOSITION(S) CREMATION/BURIAL	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-20-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Ferguson</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ETERNAL HILLS CREMATORY - 1999 EL CAMINO REAL, OCEANSIDE, CA 92054	12B. DATE CREMATED 2-15-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

ACT NEEDED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/11/08

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

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

Church, Chapel, Graveside _____, CAPWORTH Mortuary

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 10 Section _____ Blk/Row _____ Lot 5178 Grave 1

Grave space & Care Fund _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 149.00

Burial Container _____ 79.00

Handling Fees _____ 85.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 65.00

Sales taxes _____ 6.12

Total Due _____ 384.12

Paid receipt number _____

Balance due _____

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

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

Signature [Handwritten Signature]

Kenya Watson
Print Name
10174 Truett Ln.
Address
S.D. CA 92124
City Zip Code
(858) 384-7690
Telephone

Work Order # E 20616

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-29-88

X

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

of Velma Louise King

in a Liner Funeral, date, time Mon 100 PM

Church Chapel, Graveside Church # 45; Pagsdale Mortuary.

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

Lot 5178 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	<u>695.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>320.00</u>
Burial Container	<u>100.00</u>
Handling Fees	<u>145.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>35.00</u>
Sales taxes	<u>6.00</u>
<u>30 day note</u> Total Due	<u>1301.00</u>

paid 6/2/88

Owner James King (see back) Mother Balance due _____

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

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

Allyson J Harwood
 Signature
7721 Shrubbe St
 Address
San Diego Ca 92114
 State Zip Code
267-6996
 Telephone

Signature of recorded holder of deed _____

Work Order # E 7321
 PR-593 (REV. 8-86)

Invoice # _____
 Acct. # _____

200616

**MT. HOPE CEMETERY
INTERMENT ORDER**

At Need

City of San Diego

Date 2/11/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Francisco Jimenez 231406

in a "Double Depth A" Funeral, date, time Feb 19 @ 12:00 (Tues)

Church, Chapel, Graveside _____; EL CAMINO 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 212 Grave 7

Grave space & Care Fund 2,264.00

Overtime/Late Arrival Fees **PAID** _____

Opening/Closing & Setup 533.00

Burial Container 539.00

Handling Fees 454.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 65.00

Sales taxes 41.77

Total Due 3,896.77

Paid receipt number MC 191528 3,896.77

Balance due 0

*CDL N3053239
2903*

MOUNT HOPE CEMETERY

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.

Janice A. Jimenez
Signature

Janice A. Jimenez 231405
Print Name
1175 Tlexey Ave
Address
San Diego CA 92154
City Zip Code
619-428-4929
Telephone

*DEED MAILED
6-18-08*

Work Order # E 20617

Invoice # _____
Acct # _____

E 200617

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

82

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

1A. NAME OF DECEDENT - FIRST (GIVEN) FRANCISCO	1B. MIDDLE HURTADO	1C. LAST (FAMILY) JIMENEZ	2. DATE OF BIRTH MONTH, DAY, YEAR 12/13/1925	3. DATE OF DEATH MONTH, DAY, YEAR 02/09/2008	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 A. JIMENEZ, WIFE 1175 ILEXEY AVE SAN DIEGO, CA 92154		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL-IMPERIAL AVE, 3953 IMPERIAL AVE SAN DIEGO, CA 92113		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD-670	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Janice Jimenez</i>		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 2/15/2008			

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 02/15/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 2-19-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E20617

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container DDA

			X			

Flagged Yes

No

Blind check Initiated by: _____ Date: _____

Interment space for: Francisco Jimenez

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: — Lot: 212 Grave: 7

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

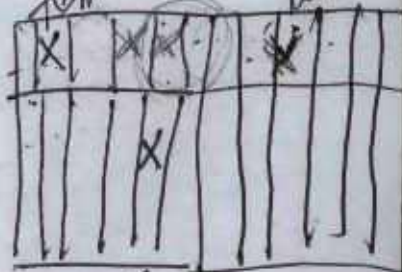
Cremains were placed at: _____ of grave

Betram D Smith

12, 2,, 223, 2

12, 2,, 224, 3

223 : 224
Smith 150m
arms



↑
Dupree

AT 10880

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-11-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KIMBERLEY MARIE PIERSON 231407

in a LINGER Type of Burial Container Funeral, date, time 2/19/08 TUE: 1:30 to 3:30

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 12 Section 2 Blk/Row _____ Lot 171 Grave 10

Grave space & Care Fund E18717 PD 1-20-06 ⊕

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 533.00

Burial Container _____ 270.00

Handling Fees _____ 206.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 65.00

Sales taxes _____ 20.93

MONEY ORDER 300 Total Due _____ 1094.93

300 Paid receipt number R260677 _____ 1094.93

300 Balance due ⊕

PAID
FEB 14 2008
MOUNT HOPE CEMETERY

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.

Gene M. Davis
Signature

Gene M. Davis
Print Name
2119 Blue Haven Court
Address
San Diego CA
City
619 737 1182 Zip Code
Telephone
646 8104

Work Order # E 20618

Invoice # _____
Acct. # _____

F 200618

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

PRE NEED LOT

Date 9/24/2004

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

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 Fee

Sales taxes

Total Due 985.00

Paid receipt number 246

Balance due 739

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 18717

Print Name JUNE MARIE WILSON PIERSON DAVIS

Address 3146 Deer Flower Rd.

City SAN DIEGO CA 92115

Telephone 619 2652968

Invoice # 433392

Acct. # 128569

228204

PAID JAN 20 2006

Lot on 1/20/06 \$615.- by Visa paulette

1-4-06 sent to Collections invoice # 433392 account # 128569

E-20618

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Kimberly M. Pierson

Interment Date: 2/19/08 Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 171 Grave: 10

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E 20618

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) KIMBERLY	1B. MIDDLE MARIE	1C. LAST (FAMILY) PIERSON	2. DATE OF BIRTH MONTH, DAY, YEAR 05/13/1963	3. DATE OF DEATH MONTH, DAY, YEAR 02/10/2008	4. SEX F
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5A. CITY OF DEATH CHULA VISTA	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	5C. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JUNE DAVIS, MOTHER 2119 BLUEHAVEN CT. SAN DIEGO, CA 92154
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1689	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Chauvette Lunn</i>	8B. DATE SIGNED 02/19/08
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposal stated herein is on 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 02/19/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2-19-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV. 12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK FILE

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

E 20618
61629

From: M. Wilson - June Davis Address: 2119 Bluehaven Ct San Diego, CA 92154
Two Hundred, Eleven and 23/100 Dollars (\$ 211.23)
 in Full Payment of Setting fee for Kimberly M. Pierson & Calvarase
 Div 12 Sec 2 Bk/Flow 171 Lot 171 Grave 10

Invoice No. E-20618
 Acct. No. _____
 W.O. _____
 BALANCE DUE 0

- Money Order
 Charge AP113528
 Check

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



ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burat	100	
Containers	77182	
	100	
Handling Fee	77165	<u>18.00</u>
Recording &	100	
Misc. Fees	77183	<u>192.00</u>
Sales Tax	60101	<u>1.23</u>
	78390	
TOTAL PAID	\$	<u>211.23</u>

AT 0667

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-12-08

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

of JUAN RAMIREZ ²²⁸⁰⁰¹ # 2/14/08

In a NO BSH Vault Reed ^{Type of Burial Container} Funeral, date, time 9 am 2

Church, Chapel, Graveside ^{Complex}; SAETLAN 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 304 Grave 1

Grave space & Care Fund E19014 PR 3-22-05 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____ 0

Total Due _____ 0

Paid receipt number _____

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 Ramirez
Signature

GRACIELA RAMIREZ
First Name
3340 IMPERIAL AVE
Address
SAN DIEGO 92102
City Sp Code
CA 442-795-3004
Telephone

Invoice # _____

Work Order # E 20619

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-22-05

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

of Juan Ramirez

in a No ASH VAULT Ref 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 4 Blk/Row _____ Lot 304 Grave 1

Grave space & Care Fund 530.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 116.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 50.00

Sales taxes _____

PAID

MAR 22 2005

Total Due 496.00

Paid receipt number R-58652 496.00

MOUNT HOPE CEMETERY

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.

Juan Ramirez
Signature

Print Name 3340 Imperial Ave
Address S.D. CA 92102
City 619-795-3004 Zip Code
Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 19014

OFFICIAL RECEIPT



WHITE CANARY TO CUSTOMER CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

58652

From: Juan Ramirez Address: 3340 Imperial Ave S.D. CA 92102
Four Hundred Ninety-Six
in Full Payment of Pre-need lot and Trust Paid in Full
Div 8 Sec _____ Blk/Row _____ Lot 304 Grave 1
Date: March 22, 2005 Dollars (\$ 496.00)

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

PAID

MAR 22 2005

MOUNT HOPE CEMETERY

ISSUED BY Plawford

67007	CREDIT	600.00
77184	20% Sales Care	264.00
100	80% Sales	116.00
77184	of Lots	
100	Opening	
77181	Closing	
100	Burial	
77182	Containers	
100	Handling Fee	
77185	Recording &	
100	Misc. Fees	50.00
77183	Pre-Need	
69033	Trust	
77186	Trust	
60101	Sales Tax	
78390		496.00
	TOTAL PAID	\$

Invoice No. E-19014
Acct. No. _____
W.O. _____
BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check
MP of 250521658

E 20619

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Ash Vault

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Juan Ramirez

Interment Date: _____ Time: _____

Div: 8 Sect: 4 Blk/Row: _____ Lot: 304 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20619

59 10792-02

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) JUAN	1B. MIDDLE -	1C. LAST (FAMILY) RAMIREZ	2. DATE OF BIRTH MONTH, DAY, YEAR 03/09/1948	3. DATE OF DEATH MONTH, DAY, YEAR 02/05/2008	4. SEX M
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5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT VALERIANO RAMIREZ, FATHER 3544 WEBSTER AVENUE SAN DIEGO, CA 92113
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZTLAN MORTUARY SVC., 7856 LA MESA BLVD. LA MESA, CA 91941	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD-1658	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Flora Juarez</i>	8B. DATE SIGNED 02/07/2008
---	--	--	--------------------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103695 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 FEES PAID \$11.00	9B. DATE PERMIT ISSUED 02/07/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
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10. AUTHORIZED DISPOSITION(S) CR/BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2/14/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Collins</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CA CREMATORY 601-D CRANE ST. LAKE ELSINORE, CA 92530	12B. DATE CREMATED 02/11/08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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 DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

Disinterment

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/4/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Antonio Martinez Ceberras 148189 in a _____ Funeral, date, time Mon Mar 10 (11:00) 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 12 Section 3 Block/Row _____ Lot 129 Grave 11

PAID
MAR 04 2008
MOUNT HOPE CEMETERY

Grave space & Care Fund _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees Disinterment 1,887.00

Sales taxes _____

Total Due 1,887.00

Mortuary to pay

Paid receipt number R-60681 1,887.00

Balance due 0

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

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

Signature _____

Print Name _____
Address _____
City _____ Zip Code _____
Telephone _____

Work Order # E 20620

Invoice # _____

Acct. # _____

E-20420

2/5/2008

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

ID as
ANTONIO
MARTINEZ
Cebueras

NE 98-1416

Date 6-22-99

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

of John Doe PA # 19991280

in a double depth Funeral, date, time Fri 6-25
Type of Burial Container

Church, Chapel, Graveside _____ Funeraria Dyllin Mortuary.

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

will be applied and billed to undersigned. _____

Lot 129 Grave MT Row _____ Section 3 Division/Block 12

Grave space & Care Fund 120.00

Additional spaces and care fund

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees 8-10-99

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 386.00

Nancy Hobbs
P.A.

Paid receipt number _____

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 15109

E 20620

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST ANTONIO		1B. MIDDLE -	1C. LAST MARTINEZ CEBREROS	
2. SEX M	3. DATE OF BIRTH (MONTH, DAY, YEAR) 05/25/1968	4. DATE OF DEATH (MONTH, DAY, YEAR) 06/18/1998		5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
6A. CITY OF DEATH CAMPO			6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO	
7A. NAME OF INFORMANT JUDY EVANS		7B. RELATIONSHIP TO DECEDENT DEPUTY P.A.	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE FUNERARIA AZTLAN 7856 LA MESA BL, LA MESA, CA 91941 FLORA JUAREZ	
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 5201-A RUFFIN RD., SAN DIEGO, CA 92123			8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD-1658	

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.		9A. APPLICANT SIGNATURE <i>Judy Evans</i>	9B. DATE SIGNED 02/22/2008
---	--	--	--------------------------------------

PERMIT AND 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.

10A. AMOUNT OF FEE PAID \$ 11.00	10B. DATE PERMIT ISSUED 02/22/2008	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2800328
--	--	--

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D
--	--

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING	

CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY 601 CRANE ST, LAKE ELSINORE, CA 92530	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION	

SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED PANTEON MUNICIPAL DE PERICOS, MOCORITO, SINALOA, MEXICO	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION, IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:
COPY 1 — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.*
COPY 2 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 — RETAINED BY REGISTRAR ISSUING THE PERMIT.*
 *THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

129-11T-3-12

ME-98-1416
E-20620

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND,

1A. FIRST 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 08/02/1998	4. SEX M
5A. COUNTY OF DEATH CAMPO			5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JUDY EVANS—DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZTLAN 2436 MARKET ST., SAN DIEGO, CA 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1658		
8. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 06/17/1999				
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		9A. AMOUNT OF FEE PAID \$ 7.00		9B. DATE PERMIT ISSUED 6/18/99		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-25-99	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

129-11T-3-12

E 20420

APPLICATION AND PERMIT FOR DIS

USE BLACK INK ONLY—MAKE NO ERASURES

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMIL
JOHN	-	DOE
5A. CITY OF DEATH		5B. COUNTY OF I ENTER STATE
CAMPO		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		
FUNERARIA AZTLAN 2436 MARKET ST., SAN DIEGO, CA 92102		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one Section 10025 of the Health and Safety Code, and was authorized pursuant to Section 710

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN 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 \$ 7.00
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	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY I
<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-CA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO C

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAIN
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH

P.1

(TUE) FEB 12 2008 13:55

DOCUMENT# : 7500000-647
 TIME STORED : FEB 12 13:54
 TX START : FEB 12 13:54
 DURATION : 21sec
 COM. MODE : ECM

TRANSMISSION REPORT

User /Account :
 DESTINATION : 93378300
 DEST. NUMBER : 93378300
 F-CODE :
 PAGES : 1page
 RESULT : OK

E 20620



County of San Diego

GLENN N WAGNER, D.O.
CHIEF MEDICAL EXAMINER

CHRISTINA STANLEY, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

DEPARTMENT OF THE MEDICAL EXAMINER
5555 Overland Ave., Suite 1411, San Diego, California 92123-1270
TEL: (858) 694-2895 FAX: (858) 495-5956

February 5, 2008

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

Attn: Cemetery Records - Maria 619-527-3403

Re: John Doe (Medical Examiner Case #98-1416)

Ladies and Gentlemen:

This letter is to inform you of the identification of John Doe, Medical Examiner case number 98-1416. The date of death of John Doe was 08/02/1998. He was positively identified on 02/05/2008 through a fingerprint comparison.

The decedent's identity has been established as: Antonio Martinez Cebrenros with date of birth of 05/25/1968. His next of kin was determined to be his brother Lino Martinez Cerebros 8972 Topc Avenue South Gate CA 90280. Could you please respond to this notice and provide this decedent's plot location?

Thank you for your assistance in this matter.

Sincerely,

Gretchen B. Geary
Medical Examiner John/Jane Doe Investigator

Public Administrator number not available

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/13/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Velia Conea 231397
in a DDCrypt "B" Funeral, date, time Friday, Feb 15 @ 12:30
Type of Burial Container

Church, Chapel, Graveside Hearth 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 191 Grave 1

Grave space & Care Fund E-16337 ⊖

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 708.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee FEB 13 2008 _____

Recording/Filing/Transfer Fees 85.00

Sales taxes 793.00

MOUNT HOPE CEMETERY

Total Due 793.00
Paid receipt number R-60684 793.00

Balance due ⊖

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. 231397

I hereby authorize the interment in lot I hold under deed

[Signature]
Signature

Tom R. Contreras
Print Name
23R Utric St
Address
San Diego 92113
City Zip Code
619-847-8818
Telephone

Invoice # _____

Work Order # E 20621 N.R.

Acct. # _____

1st Burial

#20621

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4/17/01

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

In a Double Death Funeral, date, time Tues 4-24 12:30

Church, Chapel Graveside; Humphrey Mortuary.

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

Lot 191 Grave 1 Row _____ Section 2 Division 12 Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup **PAID** 375.00

Burial Container 380.00

Handling Fees **APR 23 2001** 320.00

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

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

Sales taxes 28.50

Total Due 2043.50

Paid receipt number VISA 511.00

VISA Balance due 1,532.50

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

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

Tony R. Contreras
X Tony R. Contreras
Signature

X 1604 Woodrow Ave
Address

X Lemon Grove 91964
City Zip Code

X (619) 463-8646
Telephone

Olivia Contreras
Signature of recorded holder of deed

Work Order # **E** 16337

Invoice # _____

Acct. # _____

#20621

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Adriana Correa

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

Burial Container DD Crypt "B"

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Velia Correa

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 191 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 20621
76

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

1A. NAME OF DECEDENT - FIRST (GIVEN) VELIA	1B. MIDDLE -	1C. LAST (FAMILY) CORREA	2. DATE OF BIRTH MONTH, DAY, YEAR 05/09/1931	3. DATE OF DEATH MONTH, DAY, YEAR 02/12/2008	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 TONY CONTRERAS, NEPHEW 2031 LA SALLE CT. CHULA VISTA, CA 91913		
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 FD807		
ACKNOWLEDGEMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed 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 control <i>Ashara Burke</i>		8B. DATE SIGNED 2-15-08

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA</small>	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 02/14/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD # 2453
AUTHORIZATION OF LOCAL REGISTRAR <small>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION</small>	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY IN CALIFORNIA ---		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
--	-------------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 9/15/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Callaro</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-13-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HELEN R. GAINES 228231

in a T.S. Type of Burial Container Funeral, date, time FEB 19, 08 TUE: 3:00

Church, Chapel, Graveside _____; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 213

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 75 Grave 11

Grave space & Care Fund E 18751 PD 10-06-04

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee 227.00

Recording/Filing/Transfer Fees everting Annual 2:45 213.00

Sales taxes _____

Total Due 450.00

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.

X Signature _____

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

Work Order # E 20622

Invoice # _____

Acct. # _____

AST 116511

*2/20/08
no interment transfer
was processed
monies was deposited
general fund
10/20/04*

See attached

"Fourth Generation in the Mortuary Profession"

CA License No. FD-1329

5050 Federal Blvd. San Diego, California 92102-2616

Phone: (619) 263-3141 Fax No. (619) 263-1507

FINAL

FOR MORE INFORMATION ON FUNERAL, CEMETERY, AND CREMATION MATTERS, CONTACT: THE DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU, 1625 N. MARKET BLVD, STE 208, SACRAMENTO, CA 95834; TELEPHONE (916) 322-7737

NO. 2008-029

Deceased: Helen R. Gaines
 Date of Death: February 12, 2008
 Place of Death: San Diego
 Date of Statement: February 13, 2008

A. CHARGE FOR SERVICES SELECTED

1. Professional Services:

Basic Service of Funeral Director & Staff \$1,350.00
 Embalming..... \$650.00
 Other preparation of body \$295.00
 Other
 Other
Sub Total: \$2,295.00

2. Facilities, Equipment & Staff:

Use of Facilities /visitation/slumber room \$200.00
 Use of Facilities/Staff for Funeral Ceremony \$300.00
 Use of Facilities/ Staff for Memorial Service
 Use of Equipment/Staff for Graveside Service
 Use of Equipment/ Staff for Church Service
 Saturday Overtime Fee
 Committal: \$200.00
 Other:
Sub Total: \$700.00

3. Transportation:

Transfer of Remains to Funeral Home.... \$350.00
 Use of casket/coach hearse \$350.00
 ## 3 Limes @ \$350 ea \$1,050.00
 Sedan
 Flower Car
 Service / Utility Vehicle.....
Sub Total: \$1,750.00

4. Other Services/Facilities/Equipment

Statistical Processing \$200.00

TOTAL OF SERVICE SELECTED \$4,945.00

i. CHARGE FOR MERCHANDISE SELECTED

Batesville Desert Champagne \$1,800.00

Outer Burial Container
 Name & No.
 Acknowledgement Cards
 Register Book and Thank You Cards \$50.00
 Memory Folders/Prayer Cards

175 @ \$2.00 ea \$350.00
 Insert Panel \$150.00
 Other: Air Tray
TOTAL OF MERCHANDISE SELECTED \$2,350.00

SPECIAL CHARGES

Receiving Remains From:
 Forwarding Remains:
 Immediate Burial
 Direct Cremation
 Cremation of Adult Human Remains
TOTAL OF SPECIAL CHARGES \$0.00

TOTAL FUNERAL HOME CHARGES \$7,295.00

(This does not include Cash Advances)

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

CASH ADVANCES

Enter Number of Death Certificates	5
Certified Death Certificates Ea.	\$60.00
Permit (\$11)	\$11.00
Minister	
Letha Brown	\$150.00
Paid Newspaper Notice	
Mt. Hope Cemetery	\$450.00
Escorts: 2 @ \$125 ea.	\$250.00
Medical Examiner	
Assignment fee	
TOTAL CASH ADVANCES	\$921.00

We charge you for our services in obtaining: (specify cash advance items).

SUMMARY

Total Funeral Home Charges	\$7,295.00
Local Sales Tax (If Applicable)...	
State Sales Tax @7.75%.....	\$182.13
Total Cash Advances	\$921.00

GRAND TOTAL \$8,398.13

Less Credit and Payments

Cashier's ch. Reggie Gaines	\$7,994.25
Credit card payment-Mr. Gaines	\$403.88

Total Credits \$8,398.13

Balance Due: \$0.00

Billing To:

Paid in full!

DISCLOSURES

Reason for embalming: Permission from next-of-kin for the temporary preparation of human remains.

If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

CA law requires permit for disposition

Terms of Payment:

ACKNOWLEDGEMENT AND AGREEMENT

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List and the Casket Price List and the Outer Burial Container Price List.

Full Payment is due no later than:

If any payment is not paid when due, an unanticipated LATE CHARGE of 1.5% per month (ANNUAL PERCENTAGE RATE 18%) on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement, plus any Late Charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney's fee and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.

Signed _____ Dated _____
 Social Security Number: _____

X
 Signed _____ Dated _____

ACCEPTANCE This funeral establishment agrees to provide all service merchandise and cash advances indicated on this Statement.

BY FUNERAL DIRECTOR: [Signature]

E 20622

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

76

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

1A. NAME OF DECEDENT - FIRST (GIVEN) HELEN	1B. MIDDLE R.	1C. LAST (FAMILY) GAINES	2. DATE OF BIRTH MONTH, DAY, YEAR 06/11/1931	3. DATE OF DEATH MONTH, DAY, YEAR 02/12/2008	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 REGINALD K. GAINES, SON 7261 FALLEN LEAF STREET WILSONVILLE, OR 97070		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329	8A. SIGNATURE OF APPLICANT - <i>Stennika Pina</i> 8B. DATE SIGNED 2/15/08		

ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 02/15/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
PERMIT 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 SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
-------------------------------------	------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-19-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R. 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 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.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VSB6 (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E 20622

INVOICE



Mount Hope Cemetery
A cemetery for all

INVOICE # 08-015
DATE: MARCH 13, 2008

TO Anderson Ragsdale
5050 Federal Blvd.
San Diego, CA 92102

c/o Helen R. Gaines

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Paulette Crawford	Clerical Assistant II	Due on receipt	

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Payment due for the setting fee and one trion Vase for Helen R. Gaines.		\$237.00
			\$88.72
	Thankyou, Paulette 619-527-3400		

TOTAL	\$325.72
SALES TAX	n/a
TOTAL	\$325.72

Make all checks payable to Mount Hope Cemetery
THANK YOU FOR YOUR BUSINESS!

E20022

Pre
need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/16/04

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

of Helen R. Gaines 228231

in a CONCRETE 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 **PAID**

Opening/Closing & Setup 413-

Burial Container **OCT 06 2004** 275- 209 PA

Handling Fees 204- 160 PA

Flower vases - Marker setting fee **MOUNT HOPE CEMETERY**

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.

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

Signature [Signature]

Print Name Helen R. Gaines
Address 4943 Fir St
SD 92102
City San Diego Zip Code 92102
Telephone (619) 264 4713

Work Order # E 18751

Invoice # _____
Acct. # _____

E20622

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Top Seal Vault

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Helen F. Gaines

Interment Date: 2/19/08 Time: 3:00

Div: 11 Sect: 2 Blk/Row: _____ Lot: 75 Grave: 11

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

E 200622

58100

From: Helen Gaines Address: 4943 Ju St. 30 92102 Date: Oct 6 20 04

Dollars (\$ 1948.31)

in full Payment of Pre need fo
Div 11 Sec 2 Blk/Row 75 Lot 75 Grave 11

Invoice No. E 18751

Acct. No. _____

W.O. _____

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

ISSUED BY Tam Hibel

CREDIT	67007	<u>197</u>	-
20% Sales Care	77184		
80% Sales	100	<u>788</u>	-
of Lots	77184		
Opening/	100		
Closing	77181	<u>275</u>	-
Burial	100	<u>201</u>	-
Containers	77183	<u>413</u>	-
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	<u>50</u>	-
Pre-Need	63033		
Trust	77186		
Sales Tax	60101	<u>21</u>	<u>31</u>
	78390		

TOTAL PAID \$ 1948 31

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 2/14/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of A LONSO CASTRO 231409

in a LINER Type of Burial Container Funeral, date, time WEDS. FEB 20 9:00

Church Chapel Graveside AZTLAN Mortuary 619 537-8100

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 w Lot 214 Grave 5
 Grave space & Care Fund 2264.00

Overtime/Late Arrival Fees —

Opening/Closing & Setup 533.00

Burial Container 270.00

Handling Fees 206.00

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees 65.00

Sales taxes 20.93

PAID
 FEB 15 2008
MOUNT HOPE CEMETERY

Total Due 3358.93

Paid receipt number R-60687 3358.93

Balance due 0

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

I hereby authorize the interment in lot I hold under dead

Signature [Signature]

X Vanessa Castro 231408
 Print Name
 X 5420-1 Bayview Hts. Pl
 Address
 X San Diego CA 92105
 City Zip Code
 X (619) 284-9362
 Telephone

Work Order # E 20623

Invoice # _____
 Acct. # _____

AZTLAN
MORT.

E20623

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

[Signature]

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

Burial Container

LINER

			X			

Flagged

Yes _____

No _____

Blind check Initiated by:

Date: _____

Interment space for:

ALONSO CASTRO

Interment Date:

2/20/08

Time:

9:00 Chapel

Div: 12

Sect: 2

Blk/Row: _____

Lot: 214

Grave: 5

Grave Laid out by:

KEN

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

DAVID

Date

2-15-08

Remains were placed at:

_____ of grave

E 20623

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

18

1A. NAME OF DECEDENT - FIRST (GIVEN) ALONSO	1B. MIDDLE DE JESUS	1C. LAST (FAMILY) CASTRO	2. DATE OF BIRTH MONTH, DAY, YEAR 08/23/1989	3. DATE OF DEATH MONTH, DAY, YEAR 02/11/2008	4. SEX M
--	------------------------	-----------------------------	--	--	-------------

5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT VANESSA CASTRO, SISTER 5420-1 BAYVIEW HEIGHTS PL SAN DIEGO, CA 92105
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1658

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 02/19/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	8A. SIGNATURE OF APPLICANT - <i>[Signature]</i> 8B. DATE SIGNED 02/19/2008	10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY	

11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 2-20-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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**MT. HOPE CEMETERY
INTERMENT ORDER**

AT NEED

City of San Diego

Date 2/15/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EDGAR HAYES 231410

In a Double-Death "A" Funeral, date, time THURS. FEB 21, 11:00
Type of Burial Container
 Church, Chapel Graveside CABURAL Mortuary Martin

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 75 EL CAJON BVD

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row 4 Lot 59 Grave 8

Grave space & Care Fund 2264.-

Overtime/Late Arrival Fees 533.-

Opening/Closing & Setup 539.-

Burial Container 454.-

Handling Fees 65.-

Flower vases - Marker setting fee 41.77

Recording/Filing/Transfer Fees 3896.77

Sales taxes 3896.77

Total Due 3896.77

Paid receipt number R-60694 3896.77

Balance due 0

PAID
FEB 20 2008
MOUNT HOPE CEMETERY

Mobt. 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 See attached

Address 231411

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 20624

E20624

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Ø

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

Burial Container

D.D. "A"

			X			

Flagged

Yes

No

Blind check Initiated by:

Date:

Interment space for:

EDGAR HAYES

Interment Date:

2/21 Sunday

Time:

11:00 Chapel

Div:

11

Sect:

1

Blk/Row:

w

Lot:

59

Grave:

8

Grave Laid out by:

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Date

Remains were placed at:

of grave

FROM

(TUE) FEB 19 2008 10:01/ST. 10:00/No. 750000005E P 1

MT. HOPE CEMETERY
INTERMENT ORDER

AT NEED

City of San Diego

Date 2/15/2008

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

of EDGAR HAYES

In a DOUBLE-DUTH "A" Funeral, date, time THURS. FEB 21, 11:00

Church, Chapel Graveside CABURIAL Mortuary Martin

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

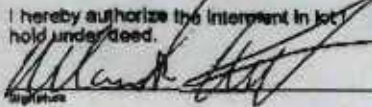
will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row ~ Lot 59 Grave 8

Grave space & Care Fund	<u>2264.-</u>
Overtime/Late Arrival Fees	<u>533.-</u>
Opening/Closing & Setup	<u>539.-</u>
Burial Container	<u>454.-</u>
Handling Fees	<u>65.-</u>
Flower vases - Marker setting fee	<u>41.77</u>
Recording/Filing/Transfer Fees	<u>3896.77</u>
Sales taxes	
Total Due	<u>3896.77</u>

Paid receipt number _____
Balance due _____

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

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


CALIF. CREMATIVES BURIAL CHAPEL
Print Name
5880 EL CATON BLVD
SAN DIEGO CA 92115
City
619/234-3272
Telephone

Work Order # E 20624

Invoice # _____
Acct. # _____

E20624

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

82

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

1A. NAME OF DECEDENT - FIRST (GIVEN) EDGAR		1B. MIDDLE JERO		1C. LAST (FAMILY) HAYES JR.		2. DATE OF BIRTH MONTH, DAY, YEAR 04/15/1925		3. DATE OF DEATH MONTH, DAY, YEAR 02/11/2008		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 ALMUTH HAYES, WIFE 1810 RIDGEVIEW SAN DIEGO, CA 92105					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115						7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1357		8A. SIGNATURE OF APPLICANT - Person taking permit <i>Victoria Mitchell</i>				8B. DATE SIGNED 2/14/08	
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 1190 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA				9A. AMOUNT OF FEE PAID 11.00		9B. DATE PERMIT ISSUED 02/14/2008		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD			
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -							
10. AUTHORIZED DISPOSITION(S) BU						FOR CORONER'S USE ONLY							

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102		11B. DATE BURIED 2-21-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Lopez</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

In grave of Londra, Esther City of San Diego
 & Janet Thelen

Date 02/19/08

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

of Herbert Thelen (A) 228962

in a ASH VAULT Funeral, date, time Fri. March 7th 1:00 pm

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 MASON Section P Blk/Row ~ Lot 28 Grave 2

Grave space & Care Fund 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 199.00

Burial Container 104.00

Handling Fees 114.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 85.00

Sales taxes 8.06

Total Due 510.06

Paid receipt number R60695 510.06

APO2693C Balance due 0

PAID
 FEB 20 2008
 MOUNT HOPE CEMETERY

I hereby certify I am the SOA of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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]

228924
 David Thelen
 Private Name 4955 E Ridgewood
 Address Bonita CA 91909
 City Bonita Zip Code
 Telephone [Signature]

8/12 339 0625
 DAVID THELEN

Work Order # E 20625 N.R.

Invoice # _____
 Acct. # _____

E20625

Please make sure his ashes are under his name.

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Lenora, Esther & Janet Thelen

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

Burial Container Ash Vault

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Herbert Thelen

Interment Date: 3/17th 2008 Fri. Time: 1:00 pm

Div: MAS Sect: P Blk/Row: ~ Lot: 28 Grave: 2

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20625

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) HERBERT	1B. MIDDLE A.	1C. LAST (FAMILY) THELEN	2. DATE OF BIRTH MONTH, DAY, YEAR 05/08/1913	3. DATE OF DEATH MONTH, DAY, YEAR 02/05/2008	4. SEX M
5A. CITY OF DEATH LAGUNA HILLS		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE ORANGE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DAVID THELEN, SON 4955 E. RIDGEWOOD DR. BLOOMINGTON, NE 67401		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY OF ORANGE CO, 758 WEST 19TH STREET COSTA MESA, CA 92627		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1305	8A. SIGNATURE OF APPLICANT - Person using permit <i>Peggy Krueger</i>		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is on 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 02/05/2008	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHOR- ITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 02/08/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ERIC G. HANDLER, M.D.
	10. AUTHORIZED DISPOSITION(S) CR/BU	10. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY		

10. AUTHORIZED DISPOSITION(S) CR/BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92101	11B. DATE BURIED 3-7-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Michael S. G...</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY THE GARDENS CREMATORY 1835 S. LEWIS ST. ANAHEIM CA 92805	12B. DATE CREMATED 02/10/2008	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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 DIS- POSER - 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 DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VSR6 (REV. 12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

PRE-NEED
DATE NEEDED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

DATE 2-19-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHARITY, LEROY 231415 in a T.S. VAULT Funeral, date, time FEB 21 WED 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 <u>12</u> Section <u>2</u> Blk/Row _____ Lot <u>158</u> Grave <u>(11) 12</u>	
Grave space & Care Fund	<u>4528.</u>
Overtime/Late Arrival Fees	_____
Opening/Closing & Setup	<u>1066</u>
Burial Container	<u>710.</u>
Handling Fees	<u>526.</u>
Flower vases - Marker setting fee	_____
Recording/Filing/Transfer Fees	<u>130.</u>
Sales taxes	<u>55.02</u>
\$90.00 CREDIT	#7015.02
Total Due	<u>7105.02</u>
Paid receipt number <u>R60690</u>	<u>7105.02</u>
<u>306 # 4907475</u>	Balance due <u>0</u>

PAID
FEB 19 2008
MOUNT HOPE CEMETERY

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 [Handwritten Signature]

231414
IRIS CHARITY
Print Name
4368 Keeler Ave.
Address
SAN Diego CA 92113
City Zip Code
619 264 8909
Telephone

Work Order # E 20626 Invoice # _____
Acct. # _____

E20626

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container TS VAULT

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Leroy Charity

Interment Date: 2/27/08 Time: 11:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 158 Grave: 11

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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1A. NAME OF DECEDENT - FIRST (GIVEN) LEROY	1B. MIDDLE -	1C. LAST (FAMILY) CHARITY JR	2. DATE OF BIRTH MONTH, DAY, YEAR 05/23/1937	3. DATE OF DEATH MONTH, DAY, YEAR 02/17/2008	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 IRIS CHARITY, WIFE 4368 KEELER AVENUE SAN DIEGO, CA 92113
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329	8A. SIGNATURE OF APPLICANT - <i>Siennika Payne</i>	8B. DATE SIGNED 2/20/08
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is or of the disposition authorized by Section 103060 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 02/20/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
--	---	---------------------------------	--------------------------------------	---

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED OUTSIDE CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
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10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-27-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Penner</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

AT 12 CHAIRS

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-19-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YAMANO, AYA # 225206

in a ASH VAULT Funeral, date, time FEB 26 TUE 12:00

Church Chapel Graveside _____ Mortuary COMMUNITY S.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 10 Section _____ Blk/Row _____ Lot 5314 Grave 1

Grave space & Care Fund _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 199.00

Burial Container _____ 104.00

Handling Fees _____ 114.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 85.00

Sales taxes _____ 8.06

Total Due _____ 510.06

Paid receipt number 260692 510.06

Balance due 0

PAID
FEB 19 2008
MOUNT HOPE CEMETER

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 [Handwritten Signature]

231422
JOHN YAMANO
Print Name
3473 BOYNE ST.
Address
S.V., CA 91977
City
619 892 3313 Zip Code
Telephone

Work Order # E 20627

Invoice # _____
Acct. # _____

E 20627

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-17-1974

CHARGE Sam Shigeski Yamano
 ADDRESS 580 Brutus St, San Diego, Ca. 92114
 NAME OF DECEASED Pre-need
 OWNER Sam S. & Aya Yamano
 ADDRESS atoul

MORTUARY
 LOT 5313 ROW 10 SEC 00
 DIV 10
 OPENING TIME
 VAULT BOX
 REMOVAL OR FOUNDATION VET.

TOTAL \$ 530.00
 PAID RECEIPT NUMBER 21404
 BALANCE 0

Regulation Monument Only Exp.

PAID
 JUN 17 1974
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISION FOR THE EXTENSION OF CREDIT. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED PERSON Shigeski Yamano ORDER TAKEN BY D. Phillipis
 PHONE BY D 4631 W.O. NO. CA5H
 INVOICE NO. CA5H

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 BLUE CEMETERY
 PINK AUDITOR
 YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PUBLIC WORKS DEPARTMENT
 MOUNT HOPE CEMETERY

No 21404

DATE 6-17-1974
 FROM Sam S. Yamano ADDRESS 580 Brutus, San Diego, Ca
Five hundred thirty and 00/100 DOLLARS (\$ 530.00)
 IN full PAYMENT OF Pre-need lots

LOT 5313 & 5314 GRAVE

ROW SECTION

DIVISION 10

INVOICE NO. CASH

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

CREDIT	308	
SALES TAX	951	<u>265.00</u>
HALF SALES OF LOTS	100	<u>265.00</u>
7782		
100		
OPENINGS	7781	
100		
BOXES	7782	
REMOVALS	100	
FOUNDATIONS	7783	
TOTAL PAID		<u>530.00</u>

W.O. D-4631

JUN 19 1974
 CITY ADDITOR

UNPAID BALANCE AFTER THIS PAYMENT 0

ISSUED BY D. Phillipis

E 20627

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Ash Vault

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Yamano, Aya ⊗

Interment Date: 2/26/08 Time: 12:00

Div: 10 Sect: _____ Blk/Row: _____ Lot: 5314 Grave: 5314

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20627

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

94 10888-01

1A. NAME OF DECEDENT - FIRST (GIVEN) AYA	1B. MIDDLE -	1C. LAST (FAMILY) YAMANO	2. DATE OF BIRTH MONTH, DAY, YEAR 12/25/1913	3. DATE OF DEATH MONTH, DAY, YEAR 02/16/2008	4. SEX F
---	-----------------	-----------------------------	--	--	-------------

5A. CITY OF DEATH NATIONAL CITY	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT JOHN YAMANO, SON 3473 BOYNE STREET SPRING VALLEY, CA 91977
------------------------------------	---	--

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>	8B. DATE SIGNED 02/20/08
---	--	---	-----------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 02/20/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD <i>[Signature]</i>
---	--	---------------------------------	--------------------------------------	---

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF BIRTH (SEE 99B) IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
--	--

10. AUTHORIZED DISPOSITION(S) CR/BU	FOR CORONER'S USE ONLY
--	------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO CA 92102	11B. DATE BURIED 2-26-08	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 STREET LAKE ELSINORE CA 92530	12B. DATE CREMATED 2-21-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS & 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 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 DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*At need
in grave w/ Yoshinobu*

Date 2/19/08

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

of YoshiKO Sueyoshi ~~174363~~ 174363 1:00
in a ASH VAULT Funeral, date, time Feb 23 Saturday ^{am}

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>7</u>	Section <u>11</u>	Blk/Row <u>~</u>	Lot <u>25</u>	Grave <u>2</u>
Grave space & Care Fund <u>E-11571</u>				<u>0</u>
Overtime/Late Arrival Fees <u>See E-20594</u>				<u>—</u>
Opening/Closing & Setup				<u>149.00</u>
Burial Container <u>3" x 4" x 3"</u>				<u>79.00</u>
Handling Fees PAID				<u>85.00</u>
Flower vases - Marker setting fee				<u>—</u>
Recording/Filing/Transfer Fees <u>FEB 19 2008</u>				<u>65.00</u>
Sales taxes				<u>6.12</u>

*1/2 ashes
buried
7/21/95*

MOUNT HOPE CEMETERY

Total Due 384.12
Paid receipt number Pt of R-60689 384.12
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.

231416
Annie Cristiana
Print Name
2933 Caminito Beso
Address
San Diego CA 92130
City Zip Code

Signature _____

Telephone _____

Work Order # E 20628

Invoice # _____
Acct # _____

E20628

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Yoshiko Sueyoshi / Yoshi Ko Sueyoshi

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 markers in the appropriate space (s) that are adjacent to the burial space.

Burial Container Ash Vault

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Yoshinobu Sueyoshi

Interment Date: Feb. 23, 08 Time: 11:00

Div: 7 Sect: 11 Blk/Row: _____ Lot: 25 Grave: 2

Grave Laid out by: Norman & Ken

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

62

1A. NAME OF DECEDENT—FIRST (GIVEN) YOSHIO	1B. MIDDLE --	1C. LAST (FAMILY) SUEYOSHI	2. DATE OF BIRTH MONTH, DAY, YEAR 07/26/1932	3. DATE OF DEATH MONTH, DAY, YEAR 04/02/1995	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 YOSHINOBU SUEYOSHI - HUSBAND 4622 MOUNT BIGELOW DRIVE SAN DIEGO, CA 92111		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE PD 480	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

04/04/1995

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. AMOUNT OF FEE PAID \$7.00	8B. DATE PERMIT ISSUED 04/04/1995	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY N/A	11B. DATE BURIED 2-23-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY/HAUSOLEUM 3953 IMPERIAL AVE SAN DIEGO, CA 92113	12B. DATE CREMATED 4/10/95	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 7347 MAKINOUCHI, KI-CHO IBUSUKI-CUN, KAGO-SHIMA-KEN JAPAN 891-0702 (5 CREMATED REMS)	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING 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 N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT NCGSD

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-19-08

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

in a T.S. 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 12 Section 2 Blk/Row _____ Lot 242 Grave 3

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 507.51

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 _____

Gromez
Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 20629

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/21/08

Pre-need

230898

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

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 11 Section 2 Blk/Row _____ Lot 50 Grave 2
Grave space & Care Fund 2,264.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup *533 x 2 1,076.00

Burial Container DD Crypt 539.00

Handling Fees 454.00

Flower vases - Marker setting fee \$178.00 \$33.09 211.09

Recording/Filing/Transfer Fees 2 x \$65 130.00

Sales taxes 41.77

Total Due 4,705.86

Paid receipt number R-01139 1,000.00

Balance due 3,705.86

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.

Marilyn Brock
Signature

Marilyn Brock
Print Name
1461 Bayview Heights Dr. #20
Address
San Diego CA 92105
City Zip Code
(619) 263-1338 or (619) 252 6924
Telephone

Work Order # E 20630

Invoice # _____

Acct. # _____

AT USED
LOW INCOME

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 2-21-08

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

of SMITH, JIMMY L. 231413

in a LINER Funeral, date, time FRI 2-29 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 \$ 213⁰⁰-40
will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 143 Grave 4

Grave space & Care Fund 1132

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 266.50

Burial Container 135.00

Handling Fees 103.00

Flower vases - Marker setting fee (VA) 178.00

Recording/Filing/Transfer Fees 32.50

Sales taxes 10.47

Total Due 1857.47

2-27-08 PAID BY LOW
LETICIA: 12:00 TODAY PD Paid receipt number R-60698 1857.47

PAID
FEB 27 2008
MOUNT HOPE CEMETERY

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 231412
Leticia Daverport
Signature Leticia Daverport Private Name Leticia Daverport
Address 4588 35th St
San Diego, CA 92116
City (619) 241-2569 Zip Code 92116
Telephone _____

Work Order # E 20631 Invoice # _____
Acct. # _____

VA FORM MAILED 2-27-08

PAID
FEB 27 2008
NATIONAL HOBBY CENTER TEL

80021

E20631

1,2,3
4,5

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container

LINER

			X			

Flagged Yes _____

No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Jimmy Smith

Interment Date: 2/29 Time: 2:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 143 Grave: 4

Grave Laid out by: Norman + Fern

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E 20631

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

64

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

1A. NAME OF DECEDENT - FIRST (GIVEN) JIMMY	1B. MIDDLE LEE	1C. LAST (FAMILY) SMITH	2. DATE OF BIRTH MONTH, DAY, YEAR 10/10/1943	3. DATE OF DEATH MONTH, DAY, YEAR 02/16/2008	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 LETICIA DAVENPORT, DAUGHTER 4588 35TH STREET SAN DIEGO, CA 92116
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 - *Siennika Ryan 2/25/08* 8B. DATE SIGNED

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 02/25/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - # DIVISION OCCURS IN IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - # DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -	

10. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-29-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)



E20631

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY
LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services to the public. Fee waivers are meant for those who are financially unable to afford to participate in a program. All persons submitting a fee waiver are required to submit verification of income and proof of residency as proof of qualification.

Name of Deceased: Jimmy Lee Smith

Address: 2816 L St. HB

City: San Diego State CA Zip Code 92102

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

<input checked="" type="checkbox"/> Annual Income	Annual Income
<input type="checkbox"/> (1) \$14,400	<input type="checkbox"/> (4) \$39,980
<input type="checkbox"/> (2) \$23,590	<input type="checkbox"/> (5) \$47,180
<input type="checkbox"/> (3) \$32,390	<input type="checkbox"/> (6) \$55,180

For larger families, add \$8,000 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that persons' household. Please submit the deceased's current internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Alicia Davenport daughter 2/21/08
Signature Relationship Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

Maria G. Davenport 2/21/08
Approved by Date

Current Housing Commission letter Documents verified on: 2/21/08

Approved By M+D
Date 2/21/08

Mt. Hope Cemetery

Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403





- 1122 Broadway Suite 300
- San Diego, California 92101-5612
- 619-578-7777
- FAX: 619-578-7370
- www.sdhc.org

Rent Portion Letter: Tenant

December 14, 2007

JIMMY SMITH
 2816 L ST B
 SAN DIEGO CA 92102

Account: 000005587

Effective: **February 01, 2008**

The total contract rent is:	700.00
The Housing Commission will pay:	491.00
Your portion of the rent is:	209.00

YOUR SHARE OF THE RENT WAS COMPUTED AS FOLLOWS:

Your total family gross annual income:	10,512.00
Minus HUD approved allowances and/or deductions:	400.00
Equals Adjusted Yearly Income	10,112.00

Your rent share is based on 30% of your income, less HUD approved family deductions and allowances (including utility allowance). If your rent and utility allowance exceed the payment standard, you will be responsible for paying more than 30% of your adjusted income.

If you have reason to believe that your income and/or HUD approved deductions and/or allowances have not been accurately calculated, you may request an Administrative Review. To begin the review process, you must submit a written request with appropriate supporting documentation to our office within 17 days of the date at the top of this notice.

Written responses to requests for an Administrative Review of your rent are completed within 60 days from the receipt of the request.

If you have a question, contact the Housing Assistant at: (619) 578-7777

Mariza Madrigal, ID 26

E.20631

25854846

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME SMITH JIMMY LEE		2. SERVICE NUMBER US 56 715 628		3. SOCIAL SECURITY NUMBER 439 62 1131	
4. DEPARTMENT COMPONENT AND BRANCH OR CLASS ARMY-AUS QMC			5. GRADE RATE OR RANK SP4 (T)	6. PAY GRADE E-4	7. DATE OF BIRTH DAY: 9 MONTH: May YEAR: 69
8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. PLACE OF BIRTH (City and State or Country) Dallas Texas		10. DATE OF BIRTH DAY: 10 MONTH: Oct YEAR: 43	
11. SELECTIVE SERVICE NUMBER 4 141 43 2180		12. SELECTIVE SERVICE LOCAL BOARD NUMBER CITY COUNTY STATE AND ZIP CODE Local Board No: 141 San Diego California		13. DATE INDUCTED DAY: 28 MONTH: NOV YEAR: 57	
14. TYPE OF TRANSFER OR DISCHARGE Transferred to USAR (See Item #15)			15. STATION OR INSTALLATION AT WHICH EFFECTED FORT LEWIS WASHINGTON		
16. REASON AND AUTHORITY Sec VII Chap 5 AR 635-200 SPM 411 (Overseas Returnee)			17. EFFECTIVE DATE 17	18. MONTH Dec	19. YEAR 69
20. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 568th Trans Co USARVN APO 98731			21. CHARACTER OF SERVICE HONORABLE		22. TYPE OF CERTIFICATE ISSUED NONE
23. DISTRICT AREA COMMAND OR CORPS TO WHICH REASSIGNED USAR CONTROL GROUP (ANNUAL TRAINING) WACAC ST LOUIS MISSOURI			24. REENLISTMENT CODE RE- 2B		
25. TERMINAL DATE OF SERVICE UNIT'S OBLIGATION DAY: 27 MONTH: Nov YEAR: 73		26. CURRENT ACTIVE SERVICE OTHER THAN 1. OR INDUCTION 2. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (1st Enlistment) <input type="checkbox"/> REENLISTED (1st Reenlistment) <input type="checkbox"/> REENLISTED (2nd Reenlistment) <input type="checkbox"/> OTHER NA		27. DATE OF ENTRY DAY: NA MONTH: NA YEAR: NA	
28. PRIOR REGULAR ENLISTMENTS NONE		29. GRADE RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PVT E-1		30. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Los Angeles California	
31. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street No. St. City, County, State and ZIP Code) 737 So 46th St San Diego California			32. STATEMENT OF SERVICE NUMBER MONTHS DAYS 1. NET SERVICE THIS PERIOD 1 11 27 2. OTHER SERVICE NONE 3. TOTAL ACTIVE SERVICE 1 11 27 FOREIGN AND OR SEA SERVICE USARPAC 1 4 12		
33. SPECIALTY NUMBER & TITLE 94B20 Cook		34. RELATED OCCUPATION AND OCCUPATION ID # NUMBER NA			
35. DECORATIONS MEDALS BADGES COMMENDATIONS CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED MDSM MKM M-14					
36. EDUCATION AND TRAINING COMPLETED Food Service 94B20 CST 8 Weeks					
37. NON-PAY PERIODS TIME LOST (Month Year) 3 Jan 68- 25 Jan 68		38. DAYS ACCRUED LEAVE PAID 0		39. INSURANCE IN FORCE (Type in USAR) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO * NA	
40. VA CLAIM NUMBER C NA		41. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> 100 <input type="checkbox"/> 25 <input type="checkbox"/> NONE			
42. REMARKS CIVILIAN EDUCATION: 12 BLOOD GROUP: O POS Item 5a PFC (P) E-3 Aptd 6 Nov 68 23 Days Lost Under Sec 972 Title 10 USC 3 Jan 68- 25 Jan 68					
43. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street No. St. City, County, State and ZIP Code) Same As Item 21			44. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Jimmy L Smith</i>		
45. TYPED NAME GRADE AND TITLE OF AUTHORIZING OFFICER J S WELD CPT AGC ASST ADJUTANT			46. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>J S Weld</i>		

DD FORM 214 1 JUL 68

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE EFFECTIVE 1 JAN 67

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

1

MAINTAINED BY VA RMC ST. LOUIS, MISSOURI, FOR THE DISPOSITION

I CERTIFY THAT THIS IS A TRUE AND EXACT COPY
OF THE ORIGINAL DOCUMENT (OR A CERTIFIED COPY
ISSUED BY A PUBLIC CUSTODIAN OF RECORDS)
THAT I HAVE PERSONALLY EXAMINED

Billy Taylor

SIGNATURE
DVA RECORDS MANAGEMENT CENTER
ST. LOUIS, MISSOURI

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/21/08

231419

*Pre need
 LOT & TRUST*

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

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 109 Grave 12

Grave space & Care Fund 2,264.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.00

Burial Container 270.00

Handling Fees 206.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 65.00

Sales taxes 20.93

PAID
 NOV 5 2008
 MOUNT HOPE CEMETERY

Total Due 3,358.93

Paid receipt number P-01143 672.00

Balance due 2,686.93

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.

Jannie M. Penton
 Print Name
5068 PELUSA ST
 Address
San Diego CA, 92113
 City Zip Code

Jannie mae Penton
 Signature

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 20632

4/26/08 Computer Mailed

OFFICIAL RECEIPT



WHITE _____ TO CUSTOMER
CANARY _____ CEMETERY

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

P 01165 ✓

From: Jannie M. Renton Address: 5068 Pelusa St., San Carlos Date: 3/13, 2008
Three hundred and 00/100

in full Payment of pre-need lot & trust account. Dollars (\$ 300.-)

DW 12 Sec 2 BIK/Row 109 Lot 109 Grave 12

Invoice No. E 20632

Acct. No. _____

W.O. _____

BALANCE DUE \$2,386.93

- Pre-Need Lot
- Money Order
- Pre-Need Trust
- Charge
- Check

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

PAID

MAR 13 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	<u>80.80</u>
20% Sales Care	77184	<u>219.20</u>
Pre-Need	83033	
Trust	77186	
		<u>300</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

619) 262-5318
CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

E20632
P 01143 ✓

From: Jimmie Denton Address: 5068 Felusa St SD Date: 2/21, 2008
Six hundred seventy no/100 Dollars (\$ 672.00)
in Downpayment Payment of LOT & TRUST
Div 12 Sec 2 Bldg Row 109 Lot 109 Grave 12

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 2,686.93

Pre-Need Lot Money Order

Pre-Need Trust Charge

Check

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" WITH STAMP

PAID

FEB 21 2008

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT 67007
20% Sales Care 77184
Pre-Need 63033
Trust 77186

452.80
219.20

TOTAL PAID

\$ 672.00

should be r
the of
of

E20632

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY TO CEMETERY

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

P 01120

Date: 4/7 20 08
From: Jannie M. Penton Address: 5068 Palusa St, SD CA 92113
Three hundred and 00/100 Dollars (\$ 300 -)
in part Payment of pre-need lot/trust coupon #2
Div 12 Sec 2 Blk/Row 109 Grave 12

Invoice No. E-20632
Acct. No. _____
W.O. _____
BALANCE DUE \$ 2081.93

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE
PAID
APR 07 2008
MOUNT HOPE CEMETERY
ISSUED BY PC

CREDIT	67007	
20% Sales Com	77164	
Pre-Need	53033	
Trust	77166	
80%		<u>300 -</u>
TOTAL PAID		<u>300 -</u>

Pre-Need Lot
 Pre-Need Trust
 Money Order
 Charge
 Check
AS 212 (11-05)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY TO CEMETERY

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

P 0122

Date: 5/5 20 08
From: Jannie Penton Address: 5068 Palusa St, SD CA 92113
Three hundred and 00/100 Dollars (\$ 300 -)
in part Payment of Pre-need lot and trust coupon #3
Div 12 Sec 2 Blk/Row 109 Grave 12

Invoice No. E-20632
Acct. No. _____
W.O. _____
BALANCE DUE \$ 1,786.93

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE
PAID
MAY 5 2008
MOUNT HOPE CEMETERY
ISSUED BY Paul Potter

CREDIT	67007	
20% Sales Com	77164	
Pre-Need	53033	
Trust	77166	
80%		<u>300 -</u>
TOTAL PAID		<u>300 -</u>

Pre-Need Lot
 Pre-Need Trust
 Money Order
 Charge
 Check
AS 212 (11-05)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY TO CEMETERY

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

P 01261

Date: 6-4-20 02
From: Jannie Penton Address: 5068 Palusa St, SD CA 92113
Three hundred and 00/100 Dollars (\$ 300 -)
in part Payment of Pre-Need Lot & Trust
Div 12 Sec 2 Blk/Row 109 Grave 12

Invoice No. 231414
Acct. No. E-20632
W.O. _____
BALANCE DUE \$ 1496.93

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE
PAID
JUN 04 2003
MOUNT HOPE CEMETERY
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77164	
Pre-Need	53033	
Trust	77166	
30%		<u>300 -</u>
TOTAL PAID		<u>300 -</u>

Pre-Need Lot
 Pre-Need Trust
 Money Order
 Charge
 Check
AS 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 01360

Date: August 14, 20 08

From Jannie M. Penton Address: 5068 Pelusa Street, San Diego CA 92113

Three hundred and 00/100 Dollars (\$ 300.-)

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

Div 12 Sec 2 Bk/Row _____ Lot 109 Grave 12

Invoice No. E-20632

Acct. No. _____

W.O. _____

BALANCE DUE \$ 336.93

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

PAID
AUG 14 2008

MOUNT HOPE CEMETERY

ISSUED BY Pauline C.

CREDIT 67007
20% Sales Care 77184
Pre-Need 63033
Trust 77186

	<u>208</u>	-	<u>208^{pc}</u>
	<u>92.</u>	-	
TOTAL PAID	\$	<u>300.</u>	-

- Pre-Need Lot
- Money Order
- Pre-Need Trust
- Charge
- Check

350204

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 01302

Date: 7-7, 20 08

From: J. Penton Address: 5068 Pelusa St., San Diego 92113
Three Hundred Dollars (\$ 300.-)

in part Payment of pre-need coupon #5
Div 12 Sec 2 Blk/Row 109 Grave 12

Invoice No. E 20632

Acct. No. _____

W.O. _____

BALANCE DUE 1,186.93

- Pre-Need Lot
- Money Order
- Pre-Need Trust
- Charge
- Check

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

PAID
JUL 7 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	300.00
Trust	77186	
	<u>100/77184</u>	<u>300.00</u>
TOTAL PAID	\$	<u>300.-</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P01523

Date: November 5, 20 08

From: Jannie Mae Penton Address: 2469 W. Ingersoll St. SD CA 92111

Two hundred, eighty-six and 93/100 Dollars (\$ 286.93)

in Full Payment of Pre-need lot + trust.

Div 12 Sec 2 Blk/Row _____ Lot 109 Grave 12

Invoice No. E-20632

Acct. No. _____

W.O. _____

BALANCE DUE 0

09-005654914

- Pre-Need Lot
- Money Order
- Pre-Need Trust
- Charge
- Check

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

PAID

NOV 5 2008

MOUNT HOPE CEMETERY

ISSUED BY paulette C.

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100	
	77184	
Pre-Need Trust	63033	
	77186	<u>286.93</u>
TOTAL PAID	\$	<u>286.93</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 01424

Date: October 6, 20 08

From: Jannie M. Penton Address: on file

Three hundred and 00/100 Dollars (\$ 300.-)

in part Payment of Pre-need lot & trust coupon #8

Div 12 Sec 2 Blk/Row _____ Lot 109 Grave 12

Invoice No. E-20632

Acct. No. _____

W.O. _____

BALANCE DUE \$ 286.93

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

PAID

OCT 6 2008

MOUNT HOPE CEMETERY

ISSUED BY paulette c.

CREDIT	67007	
20% Sales Com	77184	
Pre-Need	63033	<u>288.80</u>
Trust	77186	

100/77184 11.20 ✓

TOTAL PAID \$ 300.-

- Pre-Need Lot Money Order
 Pre-Need Trust Charge
 Check 79212

AG-212 (11-05)

This information is available in alternative formats upon request.

2-21-08 672

3/13/08 300
P-1165

4/7/08 300
P-1190

5/5 300
P 1224

6/4 300
P 1264

7/07 300 P 1302
P 1372

6-4 P 1261 300

7/7 P 1302 300

8-14 P 1360 300

9/8 P-1384 300

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/22/08

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

of 231425 231426
for Esther Corral-Droz / Luis Droz

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 5 Section 3 Blk/Row ~ Lot 1 Grave 8

Grave space & Care Fund 3011.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due 3,011.00

Paid receipt number P-01144 602.20

Balance due 2,408.80

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

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

Esther Corral Droz
Signature

231425
Esther Corral Droz
Print Name
1101 Del Mar Ave
Address
Chula Vista, Ca 91911
City
619 585-7717
Zip Code
Telephone

Paulette

Work Order # E 20633

Invoice # _____

Acct. # _____

E 20633

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 01144

Date: February 22, 2008

From: ESTHER CURRAL Address: 1101 DEL MAR AVE., Chula Vista CA

Six Hundred and two and 20/100 Dollars (\$ 602.20)

in Part Payment of pre-need lot, down payment

Div 5 Sec 3 Bk/Row 1 Lot 1 Grave 8

Invoice No. E-20633

Acct. No.

W.O.

BALANCE DUE \$ 2,408.80

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

PAID

FEB 22 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C. (2008)

CREDIT	67007	602.20
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
TOTAL PAID		\$ 602.20

- Pre-Need Lot
- Money Order
- Pre-Need Trust
- Charge
- Check

Information is available in alternative formats upon request.

E20634

MT. HOPE CEMETERY
INTERMENT ORDER

At Need

City of San Diego

Date 2/25/08

ALton Cecil Denny

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Abdul Jannah 231421 2:00

in a Liner Funeral, date, time Tues Feb 26 2008

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 4 Section 1 Blk/Row 34 Grave 2

PAID
FEB 26 2008

Grave space & Care Fund 2264.00

Overtime/Late Arrival Fees 533.00

Opening/Closing & Setup 270.00

Burial Container 206.00

Handling Fees —

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees 65.00

Sales taxes 20.93

Total Due 3,358.93

Paid receipt number R-60709 3,358.93

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.

Ruth B Willis
Signature

Ruth B. Willis
Print Name
1470 MARY Lou St.
Address
SAN DIEGO, CA 92102
City
(619) 262-8109
Telephone
Zip Code

Work Order # E 20634

Invoice # _____
Acct # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Abdul Jannah

Interment Date: 2/26/08 Time: 2:00

Div: 4 Sect: 1 Blk/Row: _____ Lot: 34 Grave: 2

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20634

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

60

1A. NAME OF DECEDENT - FIRST (SURN) ALTON	1B. MIDDLE CECIL	1C. LAST (FAMILY) DENNY	2. DATE OF BIRTH - MONTH, DAY, YEAR 03/12/1947	3. DATE OF DEATH - MONTH, DAY, YEAR 02/24/2008	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RUTH WILLIS, SISTER 1470 MARILOU 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 FD1329	8A. SIGNATURE OF APPLICANT - Form by big print: <i>Sennika Pynn</i>		
ACKNOWLEDGEMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed stated herein is 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 2/26/08					

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 02/26/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - * DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - * DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY

INTERMENT ORDER

on grave of

Harry Yamada

City of San Diego

Date 2/26/08

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

of Suzy Yamada 214343

in a Ash Vault Funeral, date, time MARCH 10, 2008

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 11 Blk/Row ~ Lot 15 Grave 1

Grave space & Care Fund

Overtime/Late Arrival Fees

Opening/Closing & Setup R-52242

Burial Container "

Handling Fees "

Flower vases - Marker setting fee

Recording/Filing/Transfer Fees "

Sales taxes "

Total Dup

Paid receipt number E-15619

Balance due

I hereby certify I am the BERT S. MASUMOTO of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I 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

BERT S. MASUMOTO

400 GREENFIELD DR SPT#97

EL CAJON 92021

(619) 447-1891

3/14/08 mailed invoice to pay \$ 199.00 o/p for Ashes to be moved in another part of the grave per the family request after we opened up. Invoice # Work Order # E 20635 Acct #

baugh for in Law

E20635

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-22-00

Pre-Need
Trust

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

of Suzzy and Harry Yamada

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 15 Grave 1 Row _____ Section 11 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 2 at 105.00 210.00

Burial Container 2 at 55.00 110.00

Handling Fees 2 at 60.00 120.00

Flower vases - Marker setting fee _____

Recording and filling 2 at 45.00 90.00

Sales taxes 2 at 4.26 8.52

MAR 22 2000

Total Due 538.52

Paid receipt number R-52242 538.52

MT. HOPE CEMETERY
CITY OF SAN DIEGO

Balance due 0

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

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

Signature of recorded holder of deed _____

X Suzzy J. Yamada
Signature
X 1435 3rd Ave apt 315
Address
X Chula Vista 91911
City Zip Code
X (619) 427-7549
Telephone

Invoice # _____

Work Order # **E** 15619

Acct. # _____

E20635

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Harry Yamada

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

Burial Container Ash Vault

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Suzy Yamada

Interment Date: Monday 3/10/88 Time: 11:00 G.S.

Div: 7 Sect: 11 Blk/Row: _____ Lot: 15 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20635

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

85

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

1A. NAME OF DECEDENT - FIRST (GIVEN) SUZY	1B. MIDDLE S	1C. LAST (FAMILY) YAMADA	2. DATE OF BIRTH MONTH, DAY, YEAR 07/21/1922	3. DATE OF DEATH MONTH, DAY, YEAR 02/25/2008	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 BERT S MASUMOTO, SON 400 GREENFIELD DRIVE SPACE #97 EL CAJON, CA 92021
----------------------------------	---	--

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>	8B. DATE SIGNED 02/26/08
---	--	---	-----------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 02/26/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
---------------	--	---------------------------------	--------------------------------------	---

AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - # DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	8E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - # DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
---	--	---

10. AUTHORIZED DISPOSITION(S) CR/BU	FOR CORONER'S USE ONLY
--	-------------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO CA 92102	11B. DATE BURIED 3/10/08	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 3/3/08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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 DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

AT NEEDED
UNOGR
HEADSTONE
8 chairs

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-26-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PICHARDO, ROSA # 222349 TBD

in a ASH VAULT Type of Burial Container Funeral, date, time Friday March 7th
Church, Chapel, Graveside Berge Roberts 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 205 Grave 10

Grave space & Care Fund E-12913 (5-24-96) _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 149.00

Burial Container _____ 79.00

Handling Fees _____ 85.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 65.00

Sales taxes _____ 6.12

PAID
FEB 26 2008

MOUNT HOPE CEMETERY

Total Due 384.12

Paid receipt number R60713 384.12

VISA 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.

Sandra Monreal
Signature

SANDRA MONREAL
Print Name
1049 ANGELD Dr
Address
NATIONAL CITY 91950
City
619 267-1597 Zip Code
619 315-5094 wk?
Telephone

Work Order # E 20636

Invoice # _____
Acct. # _____

E20636

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Alejandro Pichardo full body

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

Burial Container

Ash vault (Place ashes ~~in~~ under headstone)

			X			

Flagged Yes _____ No _____

Blind check initiated by: _____ Date: _____

Interment space for: Rosa Pichardo

Interment Date: 3/7/08 Fri. Time: 1

Div: 12 Sect: 2 Blk/Row: _____ Lot: 205 Grave: 10

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

90064

E20636
Acc
40 861

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) ROSA	1B. MIDDLE MARIA	1C. LAST (FAMILY) RICHARDO	2. DATE OF BIRTH MONTH, DAY, YEAR 12/17/1962	3. DATE OF DEATH MONTH, DAY, YEAR 02/24/2008	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT EMMANUEL AVALOS, SON 650 MOSS ST. #86 CHULA VISTA, CA 91911		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL-N.C., 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD-284	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Carla Arre</i>		8B. DATE SIGNED 02/26/2008

ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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.	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 02/26/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
10. AUTHORIZED DISPOSITION(S) CR/BU		FOR CORONER'S USE ONLY	

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 3-7-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Yubely J. Arre</i>
12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE. SAN DIEGO CA 92113		12B. DATE CREMATED FEB 29 2008	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Yubely J. Arre</i>	
13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE 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

COMPLETE ALL APPLICABLE ITEMS

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

REC'D FEB 27 2008

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

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pre-need
lot of
trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-24-90

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

in a Double Depth Crypt Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

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

War time veteran _____

Lot 205 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund 995.00 ~~895.00~~

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ 375.00 750.00

Burial Container paid in full 380.00

Handling Fees 01-15-1997 320.00

Flower vases - Marker setting fee _____

Recording and filing fee 2 @ 45.00 90.00

Sales taxes 29.45

Total Due 2,504.45 ~~2,404.45~~

Paid receipt number R-47421 700.00

Balance due 1,804.45

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

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

Signature Teresa D. Pichardo
Address 2912 Logan av 1
San Diego 92103
City _____ Zip Code _____
Telephone 619) 696 6047

Work Order # E 12913

Invoice # _____

Acct. # _____

E20636

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-7-97

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

in a Double Depth Crypt Funeral, date, time Wed, 4-9 9:0

Church, Chapel, Graveside Church/Graveside Berge/Roberts Mortuary new

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

Lot 205 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need E-R913 0

Additional spaces and care fund _____

Opening/Closing & Setup " " 0

Burial Container " " 0

Handling Fees " " 0

Flower vases - Marker setting fee _____

Recording and filing fee " " 0

Sales taxes " " 0

Interment transfer
done 4-13-97

Total Due _____

Paid receipt number _____

Balance due 0

I hereby certify I am the Teresa Pichardo 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 Teresa D. Pichardo
Address 2950 B. st
San Diego 92103
City _____ Zip Code _____
Telephone 238 1085

Work Order # E 13532

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

At Need

Date 2/27/2008

** 20 CHAIRS*

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

of Ethel Pollard 222560

In a Liner Funeral, date, time Tues, March 4 @ 11:00

Church, Chapel, Graveside Anderson-Ragsdale Mortuary
New Creation Church

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 4 Grave 6

Grave space & Care Fund E-7067 <12-3-87> ⊖

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 533.00

Burial Container _____ 270.00

Handling Fees _____ 206.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 65.00

Sales taxes _____ 20.93

PAID
MAR 03 2008

*NO Inter-fund Transfer
Required. Already in general fund.*

Total Due 1,094.93

Paid receipt number R-60721 1,094.93

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 _____
Signature

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

See attached

Work Order # E 20637

Invoice # _____
Acct. # _____

E20637

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Ethel Pollard

Interment Date: 3/4/08 Time: 11:00

Div: 11 Sect: 2 Blk/Row: _____ Lot: 4 Grave: 6

Grave Laid out by: Norman + Ken

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

Remains were placed at: _____ of grave

NAME Mathis, Ethel & Pollard, Ethel

Address 5564 San Onofre Terrace, San Diego, Ca 92114

ACCT. NO.

E-7067

E20637

DATE	ITEMS	DEBIT	CREDIT	BALANCE
11-3-87	Lot 4, Graves 5 & 6, Section 2, Division 11	500 00		48 00
12-4-87	Receipt # 35657		20 00	68 00
12-4-87	Receipt # 35811		20 00	88 00
1-6-88	Receipt # 35919		20 00	108 00
5-3-88	Receipt # 36022		20 00	128 00
7-1-88	Receipt # 36220		20 00	148 00
7-3-88	Receipt # 36349		20 00	168 00
7-6-88	Receipt # 36487		20 00	188 00
10-10-88	Receipt # 36634		20 00	208 00
11-7-88	Receipt # 36825		20 00	228 00
12-9-88	Receipt # 37022		20 00	248 00
1-10-89	Receipt # 37213		20 00	268 00
2-10-89	Receipt # 37353		20 00	288 00
3-10-89	Receipt # 37494		20 00	308 00
4-10-89	Receipt # 37644		20 00	328 00
5-13-89	Receipt # 37821		20 00	348 00
5-9-89	Receipt # 38143		20 00	368 00
7-10-89	Receipt # 38307		20 00	388 00

ALIGNER FORM NO. 25-204

Mathis, Ethel & Pollard, Ethel 4 - 5 & 6 - 2 - 11

PRINTED IN USA

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Credit Sale

Date 12/3/87

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

in a _____ Vault/Linear _____ Funeral, date, time _____ Church, Chapel, Graveside _____ Mortuary.

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

Lot 40 Grave 546 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 2 sp C 250 each 500.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 500.00

Paid receipt number _____

Balance due 0

now arranged at this time

*12-12-1989
paid in full
K-38631*

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

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

Signature of recorded holder of deed _____

Signature [Signature]

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 7067**
PY-593 (REV. 8-88)

MT. HOPE CEMETERY INTERMENT ORDER

E 20637

City of San Diego

At Need

Date 2/27/2008

*** 20 CHAIRS**

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

of Ethel Pollard

in a Liner Funeral, date, time Tues, March 4 @ 11:

Church, Chapel, Graveside Anderson-Ragsdale Mortuary
Newport Mission Ch

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 4 Grave 6

Grave space & Care Fund E-7067 <12-3-87> 0

Overtime/Late Arrival Fees

Opening/Closing & Setup 533.00

Burial Container 270.00

Handling Fees 206.00

Flower vases - Marker setting fee MAR 03 2008

Recording/Filing/Transfer Fees 65.00

Sales taxes 20.93

NO Inter-fund Transfer Required. Already in general fund.
Total Due 1094.90
Paid receipt number R-60721 1094.90
Balance due 0

MOUNT HOPE CEMETERY

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

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

Ethel Lemon
Signature

Ethel Lemon
Print Name
5722 Mira Flores Dr
Address
San Diego, CA 92111
City
619.262.4962
Telephone
Zip Code

Work Order # E 20637

Invoice #
Acct. #

E 20637

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

18

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

1A. NAME OF DECEDENT - FIRST (GIVEN) ETHEL	1B. MIDDLE LORRAINE	1C. LAST (FAMILY) POLLARD	2. DATE OF BIRTH MONTH, DAY, YEAR 06/21/1929	3. DATE OF DEATH MONTH, DAY, YEAR 02/26/2008	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 ETHEL LEMON, DAUGHTER 5722 MIRA FLORES 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 FD1329	8A. SIGNATURE OF APPLICANT <i>Siennika P...</i>	8B. DATE SIGNED 2/29/08
--	--	---	----------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 02/29/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
--	--	---------------------------------	--------------------------------------	---

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
---	---

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-4-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wesley Penner</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

At Need

City of San Diego

Date 2/27/08

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

of BETTY FARMER 231438

in a DDCRYPT "A" Funeral, date, time MARCH 5, 2008

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 61 Grave 4

Grave space & Care Fund _____ 2,264.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 533.00

Burial Container _____ 539.00

Handling Fees _____ 454.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 65.00

Sales taxes _____ 41.77

Total Due _____ 3896.77

Paid receipt number R-60720 3896.77

Balance due 0

PAID

FEB 29 2008

MOUNT HOPE CEMETERY

Mort 2 pay

231439

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

Work Order # E 20638

Invoice # _____

Acct. # _____

E 20638

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 2/27/08

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

MORTUARY NAME:

Anderson - Ragsdale

FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: _____

TELEPHONE NO: _____

NAME OF DECEASED:

LAST NAME: Farmer

FIRST NAME: Betty

DOD: _____

DOB: _____

VETERAN

BRANCH OF SERVICE: _____

REGULAR SIZE CASKET

OVERSIZE

CHILD

FUNERAL SERVICE

TYPE OF SERVICE:

CHURCH

CHAPEL

GRAVESIDE

LOCATION OF SERVICE: _____

DATE OF SERVICE: _____

TIME OF SERVICE: _____

EXPECTED ARRIVAL TIME AT MT. HOME: _____

CEMETERY PROPERTY:

A/N

P/N

P/N TRUST

DIV: _____

SECT: _____

BLK/ROW: _____

LOT: _____

GRAVE: _____

SINGLE GRAVE

CREMATION

DBL DEPTH

1st BURIAL

2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE

COMMITTAL

GRAVESIDE

WITNESS ONLY

DELIVERY ONLY

P/A DELIVERY

MILITARY DETAIL

SPECIAL INSTRUCTIONS: _____

DD 1st Burial

March 6 1:00 church

7693 Whoddy Lane
SPCA
92114
\$3,896.77

VA Section

At Interm

E20638

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container D.D

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Betty Farmer

Interment Date: Thurs. 3/6 Time: 1:00 Church

Div: 11 Sect: 1 Blk/Row: _____ Lot: 61 Grave: 4

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E 20638

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

72

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

1A. NAME OF DECEDENT - FIRST (given) BETTY	1B. MIDDLE JEAN	1C. LAST (FAMILY) FARMER	2. DATE OF BIRTH MONTH, DAY, YEAR 04/17/1935	3. DATE OF DEATH MONTH, DAY, YEAR 02/26/2008	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 BOBBY L. FARMER, HUSBAND 7693 WOODBINE WAY 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 FD1329	8A. SIGNATURE OF APPLICANT - <i>Siennika Payne</i>	8B. DATE SIGNED 2/28/08
--	---	--	-----------------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on 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 <small>AUTHORIZATION OF LOCAL REGISTRAR</small> <small>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION</small>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 02/28/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
--	--	--	---	--

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
--	---

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
--	-------------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-5-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59# (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

PGC-USED
TO
At need
see
E-20873

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-27-08

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

of VICKY WALLACE ~~231466~~ 231466

in a _____ Funeral, date, time Aug 8 @ 10am

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 2 Blk/Row _____ Lot 242 Grave 10

Grave space & Care Fund 2264.00

Overtime/Late Arrival Fees

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording/Filing/Transfer Fees

Sales taxes

PAID

MAR 06 2008

MOUNT HOPE CEMETERY

Total Due 2264.00

Paid receipt number P01146 2064.00

CK 4556 W/F CHK # 24504 Balance due 200.00

I hereby certify I am the SELF R60731 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

Vicky Wallace
Signature

FOR TRUST SEE
E20873 7/15/08

VICKY WALLACE
Print Name
8330 Phyllis Pl
Address
SAN DIEGO 92173
City Zip Code
858 292-0495
Telephone
cell 661-248 5248

Work Order # E 20639

Invoice # _____
Acct. # _____

3-6/88 VICKY
MAY WANT TO PUT PROB-NEED TRUST

MAY WANT TO MOVE GRAVESITE
AWAY FROM MARKET ST IN CASE
THEY DECIDE TO WIDEN IT.

E20639

DEED 4/17
REVOKED
VICKY WALLACE
E20639

E 20639

LT PATRICK HARE
SUSAN HARE
6393 DECANTRUE STREET
SAN DIEGO, CA 92120

88-7497/2580

4556

EZShield
Print Protection

DATE

2/24/08

PAID TO THE
ORDER OF

Mount Hope Cemetery

\$ 2064

Two Thousand Sixty Four Dollars

NAVY FEDERAL CREDIT UNION
VIENNA, VA

Security Feature
includes Detail
at Back

MEMO

Vicki Wallace Plot 8ymth

⑆ 256074874⑆ 4556 ⑈ 0726404700⑈ 001

FUND/REVENUE

20% Sales/Care	80% Sales of Lots	Opening Closing	Burial Containers	Handling Fee	Recording & Misc. Fees	Pre-Need Trust	Sales Tax	Total
87007	100	100	100	100	100	63033	60101	
77184	77184	77181	77182	77185	77183	77186	78390	
					1,887.00			1,887.00
					178.00			178.00
					237.00			237.00
					243.71			243.71
					237.00			237.00
				74.00	430.70		7.44	512.14
					178.00			178.00
452.80	1,811.20	533.00	270.00	206.00	65.00		20.93	3,358.93
					237.00			237.00
					63.00		2.71	65.71
					237.00			237.00
					356.00			356.00
452.80	679.20	266.50	135.00	103.00	32.50		10.46	1,679.46
		149.00	79.00	85.00	405.91		6.12	725.03
					178.00			178.00
	142.00	178.00	99.00	36.00	85.00		7.87	527.87
					65.71			65.71
452.80	1,811.20	533.00	539.00	454.00	65.00		41.77	3,896.77
452.80	679.20	266.50	539.00	227.00	32.50		41.77	2,238.77
		533.00	270.00	206.00	65.00		20.93	1,094.93
					177.44			177.44
452.80	1,811.20	1,131.00	539.00	454.00	65.00		41.77	4,494.77
	73.00							73.00
	602.20							602.20
	100.00							100.00
412.80	1,651.20							2,064.00
	25.60							25.60
	50.00							50.00
	150.00							150.00
	75.47							75.47
	150.94							150.94
	598.00							598.00
	70.00							70.00
	54.41							54.41
	149.78							149.78
	36.50							36.50
								0.00
2,676.80	10,721.10	3,590.00	2,470.00	1,845.00	5,501.47	0.00	201.57	27,005.94

60681
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 60693 60725
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 P01153
 P01153
 P01154
 P01155
 P01156

DAILY CASH RECEIPTS

Park & Recreation/Mount Hope Cemetery

March 5, 2008

E20639

EXPLANATION	FUND	DEPT	ORG LEVEL	ACCOUNT	JOB ORDER	FACILITY	2008-00140277
	(16-21)	(22-27)	(28-33)	(34-39)	(40-45)	(67-72)	AMOUNT 17-2008/09-09 USER: amount: \$27,005.94 L/OFFICE OF THE TREASURER CASHIERS ICF 004-0008432
Receipts							
60693, 60709, 15, 20, PO1146	67007			77184	ok		2,676.80
60693, 60709, 15, 18, 20, 21, PO1141, 44- 56	100	072		77184	ok		10,721.10
60693, 60709, 15, 16, 18, 20, 21	100	072		77181			3,590.00
60693, 60709, 15, 16, 18, 20, 21	100	072		77182			2,470.00
60693, 60707, 09, 15, 16, 18, 20, 21	100	072		77185			1,845.00
60681, 93, 60702, 04 - 12, 60718-21,23, 25	100	072		77183			5,501.47
	63033			77186			0.00
60693, 60707, 09, 11, 15, 16, 18, 20, 21	60101			78390			201.57
PREPARED BY	DEPOSITED BY: MS 72		AUDITED BY:		KEY PUNCH		
Tom Brown x73401	Mt. Hope Cemetery				DATE: 3/5/2008		\$27,005.94

Pin 231466

E20639

Location: Div 12, Sec 2, Lot 242, Gr 10

Date	Description	Debit	Credit	Balance
02/27/08	Wallace, Vicky 8330 Phyllis Place San Diego CA 92123			
	Paid down payment on Pre-Need Lot P01146 (Check #4556)	\$2,264.00		\$2,264.00
			\$2,064.00	\$200.00

Balance to be paid within 30 days.

3-6-08 R60731 CHK 4556

200 -

0

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

at Need

Date 02/27/08

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

of Mary McKnight 213561 1:00

in a T.S. Vault Funeral, date, time Mon. March 3, 2008

Church, Chapel, Graveside Ragsdale Mortuary 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 12 Section 2 Blk/Row _____ Lot 23 Grave 5

Grave space & Care Fund E-16372 (8-30-2001)

Overtime/Late Arrival Fees TRUST PD (R-54086) _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases Marker setting fee R-54086 _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due 0

Paid receipt number _____

Balance due 0

No pre need
TRUST transfer
\$ were deposited
into GF

I hereby certify I am the INTO GF of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 20640

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container T.S. Vault

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Mary McKnight

Interment Date Mon. March 3 Time: _____

Div: 12 Sect: 2 Blk/Row: W Lot: 23 Grave: 5

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20640

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-3-01

*Pre-need
lot*

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 23 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup PAID IN

Burial Container

Handling Fees FULL 8-30-01

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 895.00

Paid receipt number R-53643 724.00

Balance due 671.00

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

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

Signature of recorded holder of deed _____

X Mary McKnight
Signature
X 3978 Ocean View Blvd
Address
X San Diego Ca 92113
City Zip Code
X 619-264-7931
Telephone

Work Order # E 16372

Invoice # _____

Acct. # _____

Pre-need Trust

E20640

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-30-91

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

of Mary McKnight
in a T.S. Vault Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 23 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Pre-need E-16372 ~~0~~

Additional spaces and care fund marker setting fee 125.00

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 18.75

Sales taxes - MT. HOPE CEMETERY
CITY OF SAN DIEGO, CA. 998.75

Total Due 998.75
Paid receipt number R-54086 998.75

Balance due 0

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

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

Signature _____
Address _____
City _____ Zip Code _____
Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 16589**

OFFICIAL RECEIPT



WRITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

54086

From: Mary McKnight Date: 8-30-91
Pre-need Trust Address: 3978 Ocean View Blvd San Diego 92113
In full Payment of Pre-need Trust Dollars (\$ 998.75)

Invoice No.	Section	Row	Division/Block
Lot <u>23</u> Grave <u>5</u>	<u>2</u>		<u>12</u>
Acct. No. <u>E-16589</u>			
W.O. <u>E-16589</u>			
BALANCE DUE			
Pre-Need Lot <input type="checkbox"/>			
At Need <input type="checkbox"/>			
Pre-need Trust <input checked="" type="checkbox"/>			
Cash <input type="checkbox"/>			
Check <input checked="" type="checkbox"/>			
On Acct <input type="checkbox"/>			

Code	Description	Amount
87007	CREDIT	
77184	20% Sales Care	
100	80% Sales of Lots	
77184	Opening/Closing	
100	Burial Containers	
77181	Handling Fee	<u>125.00</u>
100	Recording & Misc. Fees	
77182	Pre-Need Trust	<u>873.75</u>
100	Sales Tax	
77186	TOTAL PAID	<u>998.75</u>

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

E 20640

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

74

1A. NAME OF DECEDENT - FIRST (GIVEN) MARY	1B. MIDDLE LUKE	1C. LAST (FAMILY) MC KNIGHT	2. DATE OF BIRTH MONTH, DAY, YEAR 01/04/1934	3. DATE OF DEATH MONTH, DAY, YEAR 02/26/2008	4. SEX F
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5A. CITY OF DEATH SAN DIEGO	5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROY MC KNIGHT, SON 4336 IOWA STREET #3 SAN DIEGO, CA 92104
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329	8A. SIGNATURE OF APPLICANT - <i>Siennika Brn 2/29/08</i>	8B. DATE SIGNED
---	---	--	-----------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103056 of the Health and Safety Code, and was authorized pursuant to Section 7105 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 02/29/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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5D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	5E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
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10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-3-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Perquer</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

AT NEED
25 CHAIRS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-28-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lafulafu Poumele 231443

in a DD Type of Burial Container Funeral, date, time Friday, 3/07/08, 11:30AM

Church, Chapel, Graveside Anderson 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 63 Grave 2

Grave space & Care Fund _____ 2264

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 2(533) _____ 1131

Burial Container _____ 389

Handling Fees _____ 454

Flower vases - Marker setting fee _____ 130.00

Recording/Filing/Transfer Fees _____

Sales taxes _____ 41.77

Total Due _____ 2000.00

Paid receipt number 600413 _____ 2000.00

Balance due 2044.77

PAID
FEB 28 2008
MOUNT HOPE CEMETERY

CHK 3700
REC0225 1088

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

I hereby authorize the interment in lot I hold under deed

Signature [Signature]

Lilia C. Fa'aula 231442

Print Name 925 Alvin St.

Address San Diego 92114

City 619. 806. 8580 Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 20641

E20641

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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 markers in the appropriate space (s) that are adjacent to the burial space.

Burial Container DD

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: POUMGLE LAFULAFU

Interment Date: 3/7/08 Time: 11:30

Div: 12 Sect: 2 Blk/Row: _____ Lot: 63 Grave: 2

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

52

1A. NAME OF DECEDENT - FIRST (GIVEN) LAFULAFU	1B. MIDDLE -	1C. LAST (FAMILY) POUMELE	2. DATE OF BIRTH MONTH DAY YEAR 06/01/1955	3. DATE OF DEATH MONTH DAY YEAR 02/24/2008	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 LISE FAOLA, SISTER 925 AWIN 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 FD1329	8A. SIGNATURE OF APPLICANT <i>Siemula R</i>		8B. DATE SIGNED 3/4/08

ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 710E of the Health and Safety Code.	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/04/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
PERMIT THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY	

AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-7-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Thomas Perera</i>
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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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E 20641

2. 4.00+
1,151.00+
539.00+
454.00+
65.00+
41.77+
4,494.77*

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2/29/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mabel Brown 231445

in a Liner Funeral, date, time Tues, March 4 @ 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 7 Section 11 Blk/Row _____ Lot 14 Grave 2

Grave space & Care Fund 1,132.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 266.50

Burial Container 135.00

Handling Fees 103.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 32.50

Sales taxes 10.46

Total Due 1,679.46

Paid receipt number R-60715 1,679.46

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.

Lauretha O Cowans
Signature

231444
Lauretha O Cowans
Print Name
368 S. Meadowbrook Apt C
Address
SAN Diego CA 92114
City Zip Code
619 434-3603
Telephone

Work Order # E 20642

Invoice # _____
Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Mabel Brown

Interment Date: 3/4/08 Time: 11:00

Div: 7 Sect: 11 Blk/Row: _____ Lot: 14 Grave: 2

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK FILE

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

61822

Date: July 20, 2009

From: Lauretta Cowans Address: 3685 Mendocino Street, San Diego, CA 92118
One hundred, seventy-eight and 00/100 Dollars (\$ 178.00)

in full Payment of burial fee for Mable Lee Brown, Mable Eastman
 Div 17 Sec 11 Blk/Row ~ Lot 14 Grave 2

Invoice No. 231445

Acct. No. E-20642

W.O. _____

BALANCE DUE 0

- Money Order
 Charge
 Check

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



ISSUED BY Parvella C.

CREDIT -	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/	77184	
Closing	100	
Burial	77181	
Containers	100	
Handling Fee	77182	
Recording &	100	
Misc. Fees	77183	<u>178.00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>178.00</u>

E20642

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

61

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

1A. NAME OF DECEDENT - FIRST (GIVEN) MABLE	1B. MIDDLE LEE	1C. LAST (FAMILY) BROWN	2. DATE OF BIRTH MONTH, DAY, YEAR 07/28/1946	3. DATE OF DEATH MONTH, DAY, YEAR 02/25/2008	4. SEX F
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LAURETTA COWENS, DAUGHTER 368 S MEADOWBROOK DRIVE #C SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1357	8A. SIGNATURE OF APPLICANT - Person issuing permit <i>Victoria Mitchell</i>		8B. DATE SIGNED 3/4/08
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103095 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/04/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 3-4-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Herman Pergus</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)



E 20642
E20642

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY
LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services to the public. Fee waivers are meant for those who are financially unable to afford to participate in a program. All persons submitting a fee waiver are required to submit verification of income and proof of residency as proof of qualification.

Name of Deceased: Mabel Brown

Address: 368 S Meadowbrook Dr. #C

City: San Diego State CA Zip Code 92114

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

<u>Annual Income</u>		<u>Annual Income</u>
<input checked="" type="checkbox"/> (1) \$14,400		(4) \$39,980
<input type="checkbox"/> (2) \$23,590	<u>#10,440 SS letter</u>	(5) \$47,180
<input type="checkbox"/> (3) \$32,390		(6) \$55,180

For larger families, add \$8,000 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that person's household. Please submit the deceased's current internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Lauretta O COWANS Daughter 2/29/08
Signature Relationship Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

Maria Loausly 2/29/08
Approved by Date

Current SS letter Documents verified on: 2/29/08

Approved By MFD

Date 2/29/08

Mt. Hope Cemetery

Community Parks | Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403



Guidelines Mt. Hope Low-Income Fee Waiver

(Effective November 2007)

1. Applicant must be a City of San Diego resident, **not** *County of San Diego*
2. The low-income fee waiver is for those San Diego residents who can prove need by submitting proper acceptable documentation such as:
 - a. Social Security –Award/Benefit Letter
 - b. Internal Revenue (IRS) Tax Return
 - c. Health & Human Services Notice of Action (dated within 30 days)
3. The Department of Labor has published the 2005 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

<u>Size of Family</u>	<u>Annual Income</u>
1	\$14,400
2	\$23,590
3	\$32,390
4	\$39,980
5	\$47,180
6	\$55,180
More than 6	Each additional member add \$ 8,000

4. If the deceased was living with family at time of death, and had not filed a separate income tax form, the family's income will be taken into account.
5. Residency can be proven by the following methods
 - a. Valid California driver's license/ identification card displaying City of San Diego address
 - b. Current utility bill
 - c. Current monthly checking statement
 - d. Rental/lease agreement and month rent receipt
 - e. Property tax statement
 - f. Active/Retired duty military ID with City of San Diego address
6. Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility
7. The Mt. Hope low income fee waiver does not apply to grave marker installation fees, late charges, or Saturday services
8. A double depth (2 person/double use) crypt may be purchased under the low-income fee waiver. The family must pay full price for the double depth crypt at the time of the first burial. Eligibility for the 2nd deceased person in the low-income program must be proven at time of second burial otherwise full burial fees will apply to the 2nd burial.
9. The low-income fee waiver cannot be applied retroactively to already purchased lots/services
10. The low-income fee waiver is intended for "At Need" services only and cannot be used if funding is provided through insurance or "victim funds" intended to cover *both funeral and* burial costs.

Social Security Administration

E 20642

SSN: 572-72-2693

7961 University Avenue
La Mesa, CA 91941
Telephone: (619) 464-8533 ex 225
TDD:
Fax: (619) 461-0688
Office Hours: 9:00 am to 4:00 pm

October 24, 2007

11/2/07

LAURETTA COWANS FOR
MABLE L BROWN
9841 ARAPAHO ST
SPRING VALLEY, CA 91977-5204

Dear Sir or Madam:

This is a very important letter about keeping your Supplemental Security Income (SSI). Please read it carefully. If there is anything you do not understand, please get in touch with us right away.

You Have An Appointment

We must regularly review the cases of people who get SSI. We need information from you to make sure you are still eligible.

We have set up an appointment for you. Come into the office at the address shown above on November 2, 2007 2:00 PM. If you can't keep your appointment, please call us. We will make another appointment for you.

If We Do Not Hear From You

We may stop your SSI if you don't respond to this request or contact us within 30 days to tell us why. If we stop your SSI, you could also lose any Medicaid you have now.

Before we stop your SSI, we will send you another letter to explain our decision. The letter will also explain your right to appeal the decision and how to continue getting SSI during the appeal.

What We Need for the Appointment

Current rental agreement. Names, date of births, and Social Security numbers of all the people that lives with you. Current average monthly household expenses e.g. food, gas and electric, trash, water, sewer and how much Mable pays for household expenses above from her SSI checks.

When you call or come in, please have this letter with you.

If You Have Any Questions

If you have any questions or need help, please call us at the telephone number shown at the top of page 1 and ask for Ms. Viscarra.

Pls. call to reschedule asap.

- **Case Review.** You have a right to review the facts in your file. You can give us more facts to add to your file. Then we'll decide your case again. You won't meet with the person who decides your case. This is the only kind of appeal you can have to appeal a medical decision.
- **Informal Conference.** You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

If You Have Any Questions

For general information about SSI, visit our website at www.socialsecurity.gov on the Internet. You will find the law and regulations about SSI eligibility and SSI payment amounts at www.socialsecurity.gov/SSIrules/.

For general questions about SSI or specific questions about your case, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 619-267-1175. Our lines are busiest early in the week and early in the month, so if your business can wait, it's best to call at other times. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
GROUND FLOOR
2530 E PLAZA BOULEVARD
NATIONAL CITY CA 91950



11/25/2007

E 20672

HOW WE FIGURED YOUR PAYMENT FOR January 2008 ON

8632

Your Payment Amount

The most Federal SSI money the law allows us to pay	\$637.00
We didn't subtract (-) any income from Federal SSI money	- 0.00
Federal SSI money	<u>\$637.00</u>
Plus (+) the most State SSI money the law allows us to pay	+233.00
We didn't subtract (-) any income from State SSI money	- 0.00
Total Monthly SSI Payment for January 2008 on	\$870.00



**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

AT NEED

Date 2-29-08

231468

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

of SANDRA Ruth STEPHENS *AKO*

in a ASH VAULT Type of Burial Container Funeral, date, time MARCH 12 TUES 2008

Church, Chapel, Graveside _____: ECCLIA 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 2 Section 5 Blk/Row _____ Lot 265 Grave 1

Grave space & Care Fund E-19684

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 149.

Burial Container 79.

Handling Fees 85.

Flower vases - Marker setting fee *SETTING + 1 TRION VASE 340.91

Recording/Filing/Transfer Fees 65.00

Sales taxes 6.12

Total Due 725.03

Paid receipt number E60716 725.03
#6004

Balance due 0

*CONTI
ECA
WATER
HEADSTONE*

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

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

RRS
Signature _____

R. R Smith
Print Name
1902 HOWARD AVE
Address
SAN DIEGO, CA 92104
City
619-688-1845 Zip Code
Telephone

Work Order # E 20643

Invoice # _____

Acct. # _____

E 20643

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 8-11-06

At Need
Non-Res.

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

of Charles David Stephens #228697

in a DDCRYPT "B" Funeral, date, time Thurs Aug 17, 12:00

Church, Chapel, Graveside El Camino Mortuary.

Scottish Rite
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 2 Section 5 Blk/Row _____ Lot 265 Grave 3B

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 793.-

Paid receipt number R-59741 793.-

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

Charles D Stephens Jr
Signature

Paullette

CHARLES D STEPHENS JR.
Print Name

4078 CONRAD DR.
Address

SPRING VALLEY, CA. 91977
City Zip Code

619 4645620
Telephone

Invoice # _____

Work Order # E-19864

Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

STEPHENS, JOANN & CHARLES

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

Burial Container

ASH VAULT PLACE UNDER HEADSTONE

			X			

Flagged

Yes _____

No _____

Blind check Initiated by: _____

Date: _____

Interment space for:

SIGPHENS, SANDRA

Interment Date: _____

Time: _____

Div: 2 Sect: 5 Blk/Row: _____ Lot: 245 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By: _____

Date _____

Remains were placed at: _____

of grave

E20643

CONTI & SON MONUMENT COMPANY

08-0136

3871 IMPERIAL AVENUE
San Diego, California 92113

Phone (619) 264-2480
(619) 264-3161
Fax (619) 264-1431

CONTIANDSON@SBCGLOBAL.NET

Date **2-29-08**

Sold to **PICAR SMITH**
Street **1902 HOWARD AVE**
CA 92104

Phone **619 688 1845**
City **SD**

Price \$
925.-
TAX 71.69
996.69

this day ordered from CONTI & SON MONUMENT COMPANY and said Company agrees to build and erect said **HICKY** as per sizes and materials given below, in **Mr. Hope**

Cemetery, not later than **ASAP** unless unforeseen causes prevent. The purchaser on his part agrees, on the completion of said work, to pay the CONTI & SON MONUMENT COMPANY as follows:

Terms: **PAID IN FULL**
Note: An interest charge of % will be made on unpaid balance commencing 30 days after erection.

The stone is to remain the property of the CONTI & SON MONUMENT COMPANY until paid for as per above agreement, and in event above work is not paid for as per contract, I hereby authorize Supt. of

Cemetery to permit the CONTI & SON MONUMENT COMPANY to remove said monument. This order is not subject to cancellation after acceptance.

CONTI & SON MONUMENT COMPANY
[Signature]
Accepted

Purchaser

Date Ord. 22908	Del. Date	Letters TOMARCA	Gen. Mr. HOPE
------------------------	-----------	------------------------	----------------------

Material MAROSANY	Size 30x12x8 1/2	Finish SRDS	4 GRS Au Pol.
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STEPHENS

SANDRA RUTH

(Blank)

DIV 2 Sec S Lot 265

08-0136

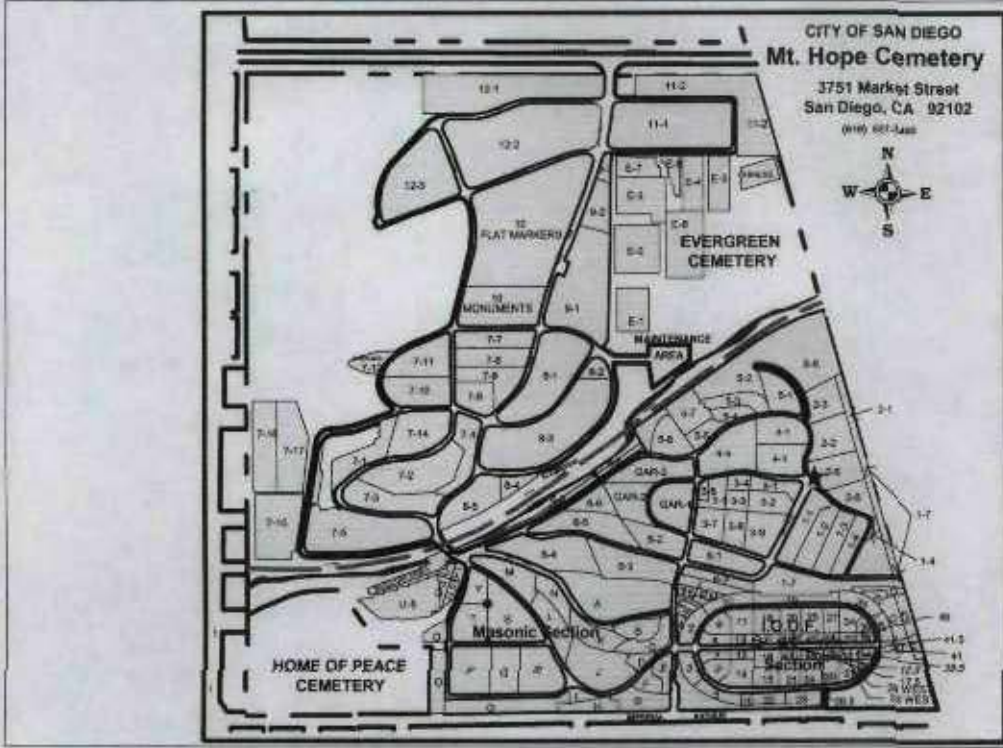
Approved

Purchaser

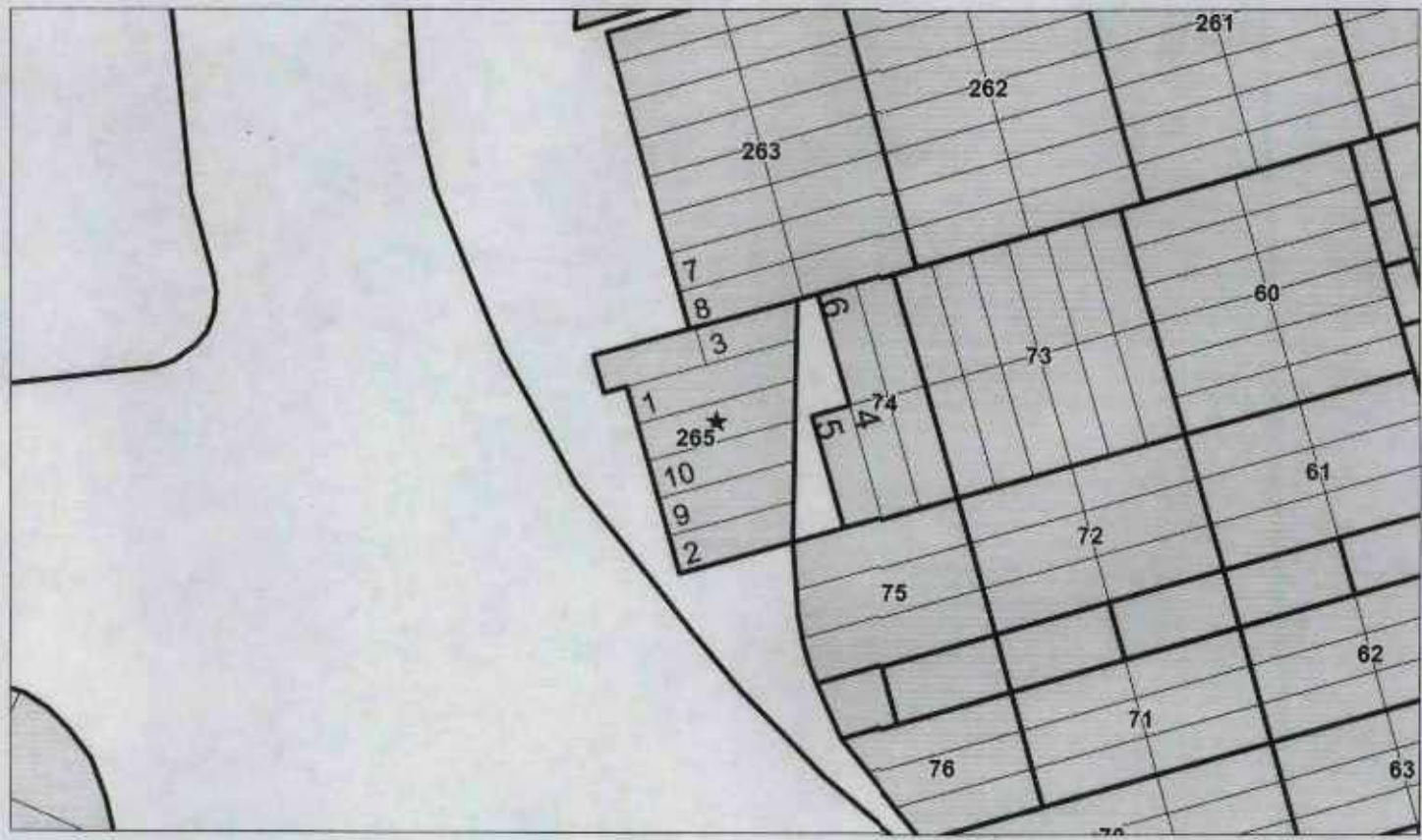
FOUNDATION SIZE = 30" x 12"

Locator Map

Location	2, 5, 265, 3
Division	2
Section	5
Block Row	
Lot	265
Graves	3
C01 Prop Status	I
C02 Deceased A	Stephens, Joann W
C03 Deceased B	Stephens, Charles David
C04 Deceased C	
C05 Deceased D	
C06 Deceased E	
C07 Deceased F	
C10 Convey No	0010541
C11 Convey Date	/ /
C20 ContractNo A	G-010541
C21 ContractNo B	
C22 ContractNo C	
C23 ContractNo D	
C24 ContractNo E	
C25 ContractNo F	
C36 Owner Name A	Stephens, Grace H
C37 Owner Name B	Stephens, Charles David
C38 Owner Name C	
C39 Owner Name D	
C40 Owner Name E	
C41 Owner Name F	
C60 Dec Info A	DOB=01/29/1930 DOD=03/19/2005
C61 Dec Info B	DOB=09/03/1926 DOD=08/09/2006
C62 Dec Info C	
C63 Dec Info D	
C64 Dec Info E	
C65 Dec Info F	



- Deceased Within A 15 Ft. Radius.
- 01-Cookling, Rosemary Grace (2,5,,265,2)
 - 02-Glasgow, John Oscar (2,5,,265,6)
 - 03-Hannibal, Anne Margaret (2,5,,265,7)
 - 04-Pauly, Aaron (2,5,,74,4)
 - 05-Pauly, Almyra H (2,5,,74,5)
 - 06-Pauly, James Aaron (2,5,,74,2)
 - 07-Smith, Rlmo C (2,5,,263,2)
 - 08-Smith, Gladys M (2,5,,263,1)
 - 09-Stephens, Grace H (2,5,,265,5)
 - 10-Stephens, Harvey Solomon (2,5,,265,4)



E20643

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

50

1A. NAME OF DECEDENT - FIRST (GIVEN) SANDRA	1B. MIDDLE RUTH	1C. LAST (FAMILY) STEPHENS	2. DATE OF BIRTH MONTH, DAY, YEAR 05/07/1957	3. DATE OF DEATH MONTH, DAY, YEAR 02/18/2008	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 MARY JO DREYER, DPOA 2060 BERRYLAND CT LEMON GROVE, CA 91945		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAJON-LAKESIDE-SANTEE MORTUARY & CREM SER, 684 S MOLLISON AVE EL CAJON, CA 92020		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1022	8A. SIGNATURE OF APPLICANT - Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 02/22/2008

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 \$11.00	9B. DATE PERMIT ISSUED 02/22/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	10. AUTHORIZED DISPOSITION(S) CR/BU		FOR CORONER'S USE ONLY

11. THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	12. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	13. 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, M SAN DIEGO, CA 92102	11B. DATE BURIED 3-12-08	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 02/22/2008	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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	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.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103080.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/29/08

231436

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

in a DD Crypt Funeral, date, time Thur 3/6/08 10:30

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 189 Grave 5

Grave space & Care Fund PAID 3,011.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup FEB 29 2008 708.00

Burial Container _____ 717.00

Handling Fees MOUNT HOPE CEMETERY 604.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 85.00

Sales taxes _____ 55.57

Total Due 5,180.57

co purchase
valdez manuel 231454
Paid receipt number R-60717 5,180.57
Balance due 0

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

I hereby authorize the interment in lot I hold under deed

Rudy
Signature

231437
Rudy Hernandez Ave
Print Name
1029 SANTA Helena
Address
HENDERSON N.J. 89002
City Zip Code
(703) 365-9167
Telephone

Work Order # E 20644 Invoice # _____
Acct. # _____

Manicela Valdez B.

1330 E 18th Street

N. City Ca, ~~91950~~ 91950

(619) 395-6209

PAID

FEB 28 1988

MOUNT HOPE CEMETERY

80844

E20644

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container DD Crypt "A"

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Daniel Barrera

Interment Date: 3/6 Time: 10:30

Div: 12 Sect: 2 Blk/Row: _____ Lot: 189 Grave: 5

Grave Laid out by: DAVID & JUAN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20644

36

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST DANIEL		1B. MIDDLE BARRERA	1C. LAST VILLELA
2. SEX M	3. DATE OF BIRTH (MONTH, DAY, YEAR) 07/09/1971	4. DATE OF DEATH (MONTH, DAY, YEAR) 02/27/2008	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)

6A. CITY OF DEATH TIJUANA, B.C.	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE MEXICO
---	--

7A. NAME OF INFORMANT MARICELA VALDEZ	7B. RELATIONSHIP TO DECEDENT SISTER	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE EL CAMINO MEMORIAL-I.A. 3953 IMPERIAL AVE SAN DIEGO CA 92113 EGALVEZ	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD670 2800385
---	---	--	---

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 1330 E 1ST ST NATIONAL CITY CA 91950	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE EL CAMINO MEMORIAL-I.A. 3953 IMPERIAL AVE SAN DIEGO CA 92113 EGALVEZ
---	--

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103056.	9A. APPLICANT SIGNATURE <i>[Signature]</i>	9B. DATE SIGNED 03/04/2008
---	---	--------------------------------------

PERMIT AND 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.

10A. AMOUNT OF FEE PAID \$ 11.00	10B. DATE PERMIT ISSUED 03/04/2008	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
--	--	---

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D VITAL RECORDS P.O. BOX 85222 SAN DIEGO CA 92186-5222
--	---

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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 OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	12B. DATE BURIED 3/6/08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ <i>[Signature]</i>	

CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	

SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
		15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:
 COPY 1 — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.*
 COPY 2 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
 COPY 3 — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
 COPY 4 — RETAINED BY REGISTRAR ISSUING THE PERMIT.*
 * THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E20644

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container DD Crypt "A"

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Daniel Barrera

Interment Date: 3/6 Time: 10:30

Div: 12 Sect: 2 Blk/Row: _____ Lot: 189 Grave: 5

Grave Laid out by: DAVID & JUAN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20644

36

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST DANIEL		1B. MIDDLE BARRERA	1C. LAST VILLELA
2. SEX M	3. DATE OF BIRTH (MONTH, DAY, YEAR) 07/09/1971	4. DATE OF DEATH (MONTH, DAY, YEAR) 02/27/2008	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)

6A. CITY OF DEATH Tijuana, B.C.	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE MEXICO
------------------------------------	---

7A. NAME OF INFORMANT MARICELA VALDEZ	7B. RELATIONSHIP TO DECEDENT SISTER	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE EL CAMINO MEMORIAL-I.A. 3953 IMPERIAL AVE SAN DIEGO CA 92113 EGALVEZ	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD670 2800385
--	--	---	--

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 1330 E 1ST ST NATIONAL CITY CA 91950	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE EL CAMINO MEMORIAL-I.A. 3953 IMPERIAL AVE SAN DIEGO CA 92113 EGALVEZ
---	---

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055	9A. APPLICANT SIGNATURE <i>M. Galvez</i>	9B. DATE SIGNED 03/04/2008
--	---	-------------------------------

PERMIT AND 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.

10A. AMOUNT OF FEE PAID \$ 11.00	10B. DATE PERMIT ISSUED 03/04/2008	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
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10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D VITAL RECORDS P.O. BOX 85222 SAN DIEGO CA 92186-5222
--	--

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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 OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS
--	--

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	12B. DATE BURIED 3/6/08	17C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ <i>Michael J. A...</i>	

CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	

SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION, IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:
 COPY 1 — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.
 COPY 2 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
 COPY 3 — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.
 COPY 4 — RETAINED BY REGISTRAR ISSUING THE PERMIT.
 * THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 2/29/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALONDRA ACOSTA (SARCIA) 231432 in a 0 Liner Funeral, date, time March 5, 10 am Church, Chapel, Graveside Chapel Community Mortuary. 426-7006
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 1087 Grave 1

Grave space & Care Fund 142.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 178.06

Burial Container **PAID** Liner 12"x40"x10" 99.00
Handling Fees 36.00 *wx lx d*

Flower vases - Marker setting 65.00 *FEB 29 2008* **MDC**

Recording/Filing/Transfer Fees 65.00

Sales taxes 7.67 **MOUNT HOPE CEMETERY**

Total Due \$ 527.67

Paid receipt number R-60718 527.67

Balance due 0

No liner used due to casket size for marker credit given

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

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

Signature VICTOR M. A. S

VICTOR ACOSTA 231433
Print Name
409 S. 29th ST.
Address
SAN DIEGO CA. 92113
City
(619) 765-6421
Telephone

Work Order # E 20645 Invoice # _____
Acct. # _____

2

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container 0-Liner

		Hernandez Acosta			
	Pastor Warren		X		Mendoza
					Smith Jr.

Flagged Yes _____ No _____

Blind check Initiated by: Pauline Date: 3-3-08

Interment space for: A Londra Acosta (Garcia)

Interment Date: Wednesday Time: 10:00 Chapel

Div: 9 Sect: 1 Blk/Row: _____ Lot: 1087 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E 20645

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

8mos

1A. NAME OF DECEDENT - FIRST (GIVEN) ALONDRA	1B. MIDDLE -	1C. LAST (FAMILY) ACOSTA	2. DATE OF BIRTH MONTH, DAY, YEAR 06/15/2007	3. DATE OF DEATH MONTH, DAY, YEAR 02/29/2008	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 ROXANA GARCIA, MOTHER 409 29TH STREET SAN DIEGO, CA 92130		
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		8B. DATE SIGNED 03/04/08
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is an 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/04/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO CA 92102	11B. DATE BURIED 3-5-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wilma Wooten</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PACKING WITH THE CARRIER
	SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/3/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JESUS LOPEZ 231441

in a DD Crypt Funeral, date, time Fri 3/7/08 @ 10am

Church Chapel, Graveside El Camino/NC 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 204 Grave 2

Grave space & Care Fund E18163 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 _____

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

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 20646

Invoice # _____

Acct. # _____

E20646

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container DD Crypt

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Jesus Lopez

Interment Date: 3/7/08 Time: 10:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 204 Grave: 2

Grave Laid out by: DAVID + JUAN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20676

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

8le

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

1A. NAME OF DECEDENT - FIRST (GIVEN) JESUS	1B. MIDDLE -	1C. LAST (FAMILY) LOPEZ	2. DATE OF BIRTH MONTH, DAY, YEAR 08/28/1921	3. DATE OF DEATH MONTH, DAY, YEAR 02/29/2008	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 MARCELA LOPEZ, DAUGHTER 234 COTTONWOOD RD. #2 SAN YSIDRO, CA 92173		
7A. TYPE NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL-N.C., 607 NATIONAL CITY BLVD. SAN DIEGO, CA 91950		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD-284	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Carla Phier</i>		8B. DATE SIGNED 03/04/2008
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 163065 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 03/04/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	10. AUTHORIZED DISPOSITION(S) BU	10A. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	10B. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --	

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 3-7-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Legue</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E20646 *Pre need*

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Dec. 3, 03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angela Lopez 221259
 in a DD Crypt Funeral, date, time _____
 Church, Chapel, Graveside _____ Mortuary _____
 All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
 will be applied and billed to undersigned. _____

Lot 204 Grave 2 Row _____ Section 2 Division/Block 12
 Grave space & Care Fund 985

PAID

Additional spaces and care fund _____
 Opening/Closing & Setup _____
 Burial Container _____ AUG 1-6 2005
 Handling Fees _____ 413
418
 Flower vases - Marker setting/COUNT HOPE CEMETERY 375
 Recording and filling fee _____ 50
 Sales taxes _____ 38.40

PAID IN FULL
 Paid receipt number 58104 Total Due 2850.40
 Balance due 1481.40

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 1 hold under deed.

Signature of record holder of deed Angela Lopez
630 Omeara St
San Diego CA 92114
(619) 264-39-86
 Telephone

Work Order # E 18163

Invoice # _____
 Acct. # _____

REA-104 (7-98) This information is available in alternative formats upon request.

new address 254 Willow Rd APT H
277259 San Diego, CA 92173
~~LOPEZ, ANGELA 620 Omeara St SD CA 92114 (619) 264-3986~~
662-0849

E-18163

				DEBIT	CREDIT	BALANCE
12-03-2003	Opened pre-need lot and trust to include 1 open/close, DD Crypt, handling fee 1 recording fee and tax. R-56964			1265.40		
	Div 12 Sec 2 Lot 204 Gr 2			985.00		2850.40
	25% down				569.00	1681.40
1-13-04	Payment #1 No Coupon R-57086				70.00	1611.40
2-3-04	" #2 " " R-57159				70.00	1541.40
3-4-04	" 3 " " 57281				70.00	1471.40
4-5-04	" 4 " " R-57398				70.00	1401.40
5-5-04	" 5 " " R-57513				70.00	1331.40
6-9-04	" 6 " " R-57638				70.00	1261.40
7-14-04	" 7 " " 57792				70.00	1191.40
8-16-04	no coupon 8+9 57899				140.00	1051.40
10-28-04	" 10+11 58110				140.00	911.40
12-13-04	no coupon 12+13 58309				140.00	771.40
2-5-05	No coupon 14+15 58467				140.00	631.40
4-5-05	" " 16+17 58711				146.56	484.84
5-24-05	" " 18+19 58872				140.00	344.84
7-6-05	" " 59029				140.00	204.84
8-16-05	" " 59085				204.84	0

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/3/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of August Rokhman 231428

in a DDCrypt Funeral, date, time Thurs, March 6 @ 10:00
Church, Chapel, Graveside Threshold 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 4 Section 1 Blk/Row _____ Lot 34 Grave 3
Grave space & Care Fund 1,132.00

Overtime/Late Arrival Fees _____
Opening/Closing & Setup 266.50

Burial Container 539.00
Handling Fees 277.00

Flower vases - Marker setting fee _____
Recording/Filing/Transfer Fees 32.50
Sales taxes 41.77

Total Due 2,238.77
Paid receipt number R-60720 2,238.77
Balance due 0

PAID
MAR 03 2008
MOUNT HOPE CEMETERY

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. 231427

I hereby authorize the interment in lot I hold under deed
R Rokhman
Signature
Raisa Rokhman
Print Name
1055 9th Ave, Apt. 801
Address
San Diego, CA 92101
City
(619) 702 9443
Zip Code
Telephone

Work Order # E 20647 Invoice # _____
Acct. # _____

E20647

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container DOCRYPT A

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: August Rokhman

Interment Date: _____ Time: _____

Div: 4 Sect: 1 Blk/Row: _____ Lot: 34 Grave: 3

Grave Laid out by: DAVID & JUAN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave



E20647

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY
LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services to the public. Fee waivers are meant for those who are financially unable to afford to participate in a program. All persons submitting a fee waiver are required to submit verification of income and proof of residency as proof of qualification.

Name of Deceased: August Rokhman

Address: 1055 9th Ave 801

City: San Diego State CA Zip Code 92101

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

<u>Annual Income</u>	<u>Annual Income</u>
<input checked="" type="checkbox"/> (1) \$14,400	<input type="checkbox"/> (4) \$39,980
<input type="checkbox"/> (2) \$23,590 <u>\$18,288 SS.</u>	<input type="checkbox"/> (5) \$47,180
<input type="checkbox"/> (3) \$32,390	<input type="checkbox"/> (6) \$55,180

For larger families, add \$8,000 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that person's household. Please submit the deceased's current internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Rf. Rokhman wife 03/03/2008
Signature Relationship Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

Approved by Date

Current _____ Documents verified on: _____

Approved By _____

Date _____



Guidelines Mt. Hope Low-Income Fee Waiver

(Effective November 2007)

1. Applicant must be a City of San Diego resident, **not** *County of San Diego*
2. The low-income fee waiver is for those San Diego residents who can prove need by submitting proper acceptable documentation such as:
 - a. Social Security –Award/Benefit Letter
 - b. Internal Revenue (IRS) Tax Return
 - c. Health & Human Services Notice of Action (dated within 30 days)
3. The Department of Labor has published the 2005 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

<u>Size of Family</u>	<u>Annual Income</u>
1	\$14,400
2	\$23,590
3	\$32,390
4	\$39,980
5	\$47,180
6	\$55,180
More than 6	Each additional member add \$ 8,000

4. If the deceased was living with family at time of death, and had not filed a separate income tax form, the family's income will be taken into account.
5. Residency can be proven by the following methods
 - a. Valid California driver's license/ identification card displaying City of San Diego address
 - b. Current utility bill
 - c. Current monthly checking statement
 - d. Rental/lease agreement and month rent receipt
 - e. Property tax statement
 - f. Active/Retired duty military ID with City of San Diego address
6. Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility
7. The Mt. Hope low income fee waiver does not apply to grave marker installation fees, late charges, or Saturday services
8. A double depth (2 person/double use) crypt may be purchased under the low-income fee waiver. The family must pay full price for the double depth crypt at the time of the first burial. Eligibility for the 2nd deceased person in the low-income program must be proven at time of second burial otherwise full burial fees will apply to the 2nd burial.
9. The low-income fee waiver cannot be applied retroactively to already purchased lots/services
10. The low-income fee waiver is intended for "At Need" services only and cannot be used if funding is provided through insurance or "victim funds" intended to cover *both funeral and burial costs*.

E20647

SOCIAL SECURITY ADMINISTRATION

Date: February 26, 2008
Claim Number: 611-86-6565AI

AVGUST ROKHMAN
APT 801
1055 NINTH AVE
SAN DIEGO CA 92101-5533

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments .

Beginning January 2008, the current
Supplemental Security Income payment is.....\$ 762.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as an aged individual.

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 619-557-5257. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
1333 FRONT STREET
SAN DIEGO, CA 92101

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

@ P. J. Miller

OFFICE MANAGER

E20647

SOCIAL SECURITY ADMINISTRATION

Date: February 26, 2008
Claim Number: 615-37-1440AS

RAISA ROKHMAN
APT 801
1055 NINTH AVE
SAN DIEGO CA 92101-5533

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments .

Beginning January 2008, the current
Supplemental Security Income payment is.....\$.762.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as an aged spouse.

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 619-557-5257. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
1333 FRONT STREET
SAN DIEGO, CA 92101

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

(10) for P-J R. Des

OFFICE MANAGER

E20647

2007
12/2
18

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) AVGUST	1B. MIDDLE MIKHAILOVICH	1C. LAST (FAMILY) ROKHMAN	2. DATE OF BIRTH MONTH, DAY, YEAR 11/07/1929	3. DATE OF DEATH MONTH, DAY, YEAR 03/02/2008	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 YURIY CHABAN, FRIEND 5139 CLAIREMONT MESA BLVD. SAN DIEGO, CA 92117
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH THRESHOLDS, 8719 LOS COCHES ROAD LAKESIDE, CA 92040	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1788	8A. SIGNATURE OF APPLICANT - Person taking permit <i>[Signature]</i>	8B. DATE SIGNED 03/05/2008
--	---	---	--------------------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103005 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 03/05/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
--	---

10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-3-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

Pre-need
TRUST

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3/3/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raisa Rokhman 231427

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 4 Section 1 Blk/Row _____ Lot 34 Grave 3

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
MAR 03 2008

MOUNT HOPE CEMETERY

533.00

65.00

598.00

598.00

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.

R. Rokhman
Signature

Raisa Rokhman
Print Name
1055 9th Ave, Apt 801
Address
San Diego, CA 92101
City
(619) 702 9443 Zip Code
Telephone

Work Order # E 20648

Invoice # _____

Acct. # _____

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*In grave with
Henry S Berlin/
Wm H.V. Berlin*

Date 3/3/2008

231564

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adalene J. Berlin ~~AKA~~ Peggy
in a ASH VAULT Funeral, date, time Friday April 25 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 \$ Cypress to deliver

will be applied and billed to undersigned, _____

Division Mqs Section S Blk/Row ~ Lot 8 Grave 9 (C)

Grave space & Care Fund B-7951 D-3129 ~~Ø~~

Overtime/Late Arrival Fees 5/13

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases Marker setting fee RE-SET FEE R-60825

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due Ø

Paid receipt number B-7951

Balance due Ø

*Mounting transfer
deposited into
MFD*

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

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

Signature Pamela Sadvale
1338 E IN 100 DR
FALLBROOK CA 92028

Print Name _____
Address _____
City _____ Zip Code _____
Telephone _____

Work Order # E 20649

Invoice # _____
Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Henry S. Berlin / w.m. Berlin

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

Burial Container

Ash Vault

			X			

Flagged

Yes _____

No _____

Blind check Initiated by:

Date: _____

Interment space for:

(Ceggy) Adalene J. Berlin

Interment Date:

Witness

Time:

4/26/08 Friday

Div:

MAS

Sect:

5

Blk/Row:

-

Lot:

8

Grave:

9

Grave Laid out by: _____

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By: _____

Date _____

Cremains were placed at: _____

of grave

CHARGE *Adalene J. Berlin* DATE *5-26 1973*
 ADDRESS *1318-29th St S.D. 5*
 NAME OF DECEASED *Pre. Hood Cem. chgs*
 OWNER _____
 ADDRESS _____
 MORTUARY _____

LOT *8* GR *9* ROW *2nd Div 5*
 OPENING TIME _____ DAY DATE _____
 VAULT *Box* SIZE *Ash* *31 50*
 REMOVAL OR FOUNDATION VET. *Receding* *12 00*

PAID RECEIPT NUMBER *20282* TOTAL *\$73.50*
 BALANCE _____

PAID
 MAY 26 1973
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
 I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED PERSON
 PHONE BY *Adalene J. Berlin* ORDER TAKEN BY *A. S. Callahan*
D *3129* W.O. NO. _____ INVOICE NO. *Call*
 FORM PR-974 REV.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 BLUE CEMETERY
 PINK AUDITOR
 YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
 PUBLIC WORKS DEPARTMENT
 MOUNT HOPE CEMETERY

No. *20282*
 No. *19880*

DATE *5-26 1973*
 FROM *Adalene J. Berlin* ADDRESS *1318-29th St S.D. 5*
Seventy three & 50/100 DOLLARS (\$ *73.50*)
 IN *full* PAYMENT OF *Pre. Hood Cem. chgs.*

LOT *8* GRAVE *9* ROW _____ SECTION *2nd* DIVISION *5*

INVOICE NO. *Cash*

W.O. *D. 3129*

UNPAID BALANCE AFTER THIS PAYMENT *0*

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

CITY AUDITOR
 MAY 29 1973

ISSUED BY *Callahan*

CREDIT	306	
SALES CARE	951	
HALF SALES OF LOTS	100	
	7784	
OPENINGS	100	<i>30 00</i>
	7781	
BOXES	100	<i>31 50</i>
	7782	
REMOVALS FOUNDATIONS	100	<i>12 00</i>
	7783	
TOTAL PAID \$		<i>73 50</i>

E20649

CITY OF SAN DIEGO, CALIFORNIA

ORDER

MT. HOPE CEMETERY

E 20649

DATE 12-4 19 61

CHARGE Adlene J. Berlin

ADDRESS 1318 29th St. S.D. 2

NAME OF DECEASED William H. V. Berlin

OWNER

ADDRESS

MORTUARY Benbaugh Mortuary

LOT 8 GR 9 ROW SEC MAS DTV S

OPENING TIME DAY DATE Thurs. 12-7-61 2300

VAULT BOX SIZE ash 2392

REMOVAL OR FOUNDATION

TOTAL \$46.92

PAID RECEIPT NUMBER 11281

BALANCE

Center of grave Inter

Mr. Sant to call back on billing

PAID DEC 6 1961 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE I AGREE TO ABIDE BY THE RULES AND REGULATIONS

AUTHORIZED IN PERSON PHONE BY Herman Sant ORDER TAKEN BY K. Wells

W.O. NO. B 7951 INVOICE NO. 57634

90102

E20649

Acm 827

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) ADALENE	1B. MIDDLE JOSEPHINE	1C. LAST (FAMILY) BERLIN	2. DATE OF BIRTH MONTH, DAY, YEAR 11/24/1905	3. DATE OF DEATH MONTH, DAY, YEAR 02/29/2008	4. SEX F
5. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PAMELA POLLARD VADNAIS, NIECE 1338 EL NIDO DR. FALLBROOK, CA 92028		
7. PREPARED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL-IMPERIAL AVE., 3953 IMPERIAL AVE. SAN DIEGO, CA 92113		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD-670	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Celia Arin</i>		8B. DATE SIGNED 03/07/2008
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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.					

9. 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 03/07/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	10. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CR/BU	FOR CORONER'S USE ONLY
---	------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 4-23-08	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 MAR 11 2008	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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.

REC'D MAR 10 2008

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3/3/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fausta Bahena 231434
 in a DD Crypt Funeral, date, time Thurs, March 6 @ 10:00
Type of Burial Container
 Church, Chapel, Graveside Anderson-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 100F Section _____ Bik/Row 10 Lot 22 Grave 5

Grave space & Care Fund 1,132.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 266.50

Burial Container 539.00

Handling Fees 227.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 32.50

Sales taxes 41.77

Total Due 2,238.77

Paid receipt number R-60722 2,238.77

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 [Signature]

JOSE BAHENA 231435
 First Name
4010 WABASH AVE
 Address
SAN Diego CAL 92104
 City
619-280-4501
 Telephone
 Zip Code

Work Order # E 20650

Invoice # _____
 Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container

DD Crypt

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Fausta Bahena

Interment Date: 3/6/2008 Time: _____

Div: IOOF Sect: _____ Blk/Row: 22 Lot: 5 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

Remains were placed at: _____ of grave



THE CITY OF SAN DIEGO

MT. HOPE CEMETERY
LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services to the public. Fee waivers are meant for those who are financially unable to afford to participate in a program. All persons submitting a fee waiver are required to submit verification of income and proof of residency as proof of qualification.

Name of Deceased: Fausta BAHENA

Address: 4010 WABASH AVE

City: SAN Diego State CAL Zip Code 92104

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

<u>Annual Income</u>	<u>Annual Income</u>
<u> </u> (1) \$14,400	<u> </u> (4) \$ 39,980
<u> </u> (2) \$ 23,590	<u> </u> (5) \$ 47,180
<u> </u> (3) \$ 32,390	<u>1+ X</u> (6) \$ 55,180 <u>\$63,180</u>

For larger families, add \$8,000 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that person's household. Please submit the deceased's current internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

[Signature] SON 3.03.08
Signature Relationship Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

Approved by Date

Current _____ Documents verified on: _____
Approved By _____
Date _____



Guidelines Mt. Hope Low-Income Fee Waiver

(Effective November 2007)

1. Applicant must be a City of San Diego resident, **not** *County of San Diego*
2. The low-income fee waiver is for those San Diego residents who can prove need by submitting proper acceptable documentation such as:
 - a. Social Security –Award/Benefit Letter
 - b. Internal Revenue (IRS) Tax Return
 - c. Health & Human Services Notice of Action (dated within 30 days)
3. The Department of Labor has published the 2005 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

<u>Size of Family</u>	<u>Annual Income</u>
1	\$14,400
2	\$23,590
3	\$32,390
4	\$39,980
5	\$47,180
6	\$55,180
More than 6	Each additional member add \$ 8,000

4. If the deceased was living with family at time of death, and had not filed a separate income tax form, the family's income will be taken into account.
5. Residency can be proven by the following methods
 - a. Valid California driver's license/ identification card displaying City of San Diego address
 - b. Current utility bill
 - c. Current monthly checking statement
 - d. Rental/lease agreement and month rent receipt
 - e. Property tax statement
 - f. Active/Retired duty military ID with City of San Diego address
6. Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility
7. The Mt. Hope low income fee waiver does not apply to grave marker installation fees, late charges, or Saturday services
8. A double depth (2 person/double use) crypt may be purchased under the low-income fee waiver. The family must pay full price for the double depth crypt at the time of the first burial. Eligibility for the 2nd deceased person in the low-income program must be proven at time of second burial otherwise full burial fees will apply to the 2nd burial.
9. The low-income fee waiver cannot be applied retroactively to already purchased lots/services
10. The low-income fee waiver is intended for "At Need" services only and cannot be used if funding is provided through insurance or "victim funds" intended to cover *both funeral and* burial costs.

Form 1040 U.S. Individual Income Tax Return 2007

IRS Use Only — Do not write or staple in this space.

Header section containing personal information: Name (JOSE BAHENA), Spouse (NORMA BAHENA), Address (4010 WABASH AVE, SAN DIEGO, CA 92104), and Social Security Numbers (623-05-7872, 605-94-6985).

Filing Status section with options: 1 Single, 2 Married filing jointly (selected), 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er).

Exemptions section: 6a Yourself (selected), 6b Spouse (selected), and 6c Dependents table listing JOSE N BAHENA, IVAN BAHENA, and DANIEL BAHENA.

Income section (lines 7-22) listing various income sources such as wages (45,762), interest (73), and dividends, totaling 45,835.

Adjusted Gross Income section (lines 23-37) listing deductions such as educator expenses, health savings account, and moving expenses, resulting in an adjusted gross income of 45,835.

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. This is not a tax return.
Keep this form for your records. See instructions.

Declaration Control Number (DCN)

00-337315-01082-8

Taxpayer's name

JOSE BAHENA

Social security number

623-05-7872

Spouse's name

NORMA BAHENA

Spouse's social security number

605-94-6985

Tax Return Information - Tax Year Ending December 31, 2007 (Whole Dollars Only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	45,835.
2 Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 10)	2	0.
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	1,915.
4 Refund (Form 1040, line 74a; Form 1040A, line 44a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	4	3,915.
5 Amount you owe (Form 1040, line 76; Form 1040A, line 46; Form 1040EZ, line 12)	5	

Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize RAQUEL MCCORMICK to enter or generate my PIN 57872
ERO firm name do not enter all zeros

as my signature on my tax year 2007 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box only if you are entering your own PIN and your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 2-29-08

Spouse's PIN: check one box only

I authorize RAQUEL MCCORMICK to enter or generate my PIN 46985
ERO firm name do not enter all zeros

as my signature on my tax year 2007 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box only if you are entering your own PIN and your return or request is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature

Date 2-29-08

Practitioner PIN Method Returns Only - continue below

Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 33731533731
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2007 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature

Date 02/29/08

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879 (2007)

FDIA1701 12/18/07

E 20650

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

62

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

1A. NAME OF DECEDENT - FIRST (GIVEN) FAUSTA	1B. MIDDLE -	1C. LAST (FAMILY) BAHENA	2. DATE OF BIRTH MONTH, DAY, YEAR 09/20/1945	3. DATE OF DEATH MONTH, DAY, YEAR 03/01/2008	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 SIMON BAHENA OCAMPO, HUSBAND 5368 IMPERIAL AVENUE #2 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 FD1329	8A. SIGNATURE OF APPLICANT - For cremation permits <i>Siemka Pryor</i>	8B. DATE SIGNED 3/4/08
--	---	---	----------------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 11.00	9B. DATE PERMIT ISSUED 03/04/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
--	---	--	---	--

10. AUTHORIZED DISPOSITION(S) BU	10A. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	10B. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
--	---	--

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
--	-------------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-6-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Mills</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3/5/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hwason Cleary @ Pin#231488 in a Ash Vault Funeral, date, time Friday 21, Mar 2:00 Church, Chapel Graveside; Neptune 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 135 Grave 1

Grave space & Care Fund _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - 50.00 Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

**PAID
MAR 05 2008**

MOUNT HOPE CEMETERY

199.00
104.00
114.00
85.00
8.06
510.06
510.06
~~0~~

Total Due _____

Paid receipt number R-60726

Balance due _____

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.

Hwason Cleary
Signature

231489
Nanson Hwa
First Name
607 Westview Place
Address
Chula Vista, Ca. 91910
City
619-691-8805 Zip Code
Telephone

Work Order # E 20651

Invoice # _____
Acct. # _____

E20651

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Chen & Young Hwa

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

Burial Container

Ash Vault

			Erickson Gilbert			
			X	Perine		
			Holmes			

Flagged

Yes

No

Blind check initiated by:

Paceletre

Date:

3/19/08

Interment space for:

Huason Cleary

Interment Date:

3/21/08

Time:

2:00

Div:

11

Sect:

1

Blk/Row:

Lot: 135

Grave: 1

Grave Laid out by:

KEN & JUAN

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Porman

Date

3-20-08

Cremains were placed at:

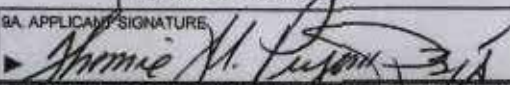
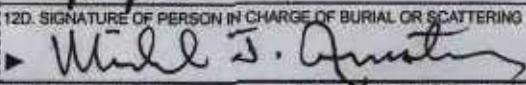
IN THE MIDDLE OF THE GRAVE of grave

E20651

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

11

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

1A. NAME OF DECEDENT—FIRST HWASUN		1B. MIDDLE -	1C. LAST CLEARY		
2. SEX F	3. DATE OF BIRTH (MONTH, DAY, YEAR) 04/18/1936	4. DATE OF DEATH (MONTH, DAY, YEAR) 01/28/2008		5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)	
6A. CITY OF DEATH CENTRALIA			6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE WASHINGTON		
7A. NAME OF INFORMANT NANSON HWA		7B. RELATIONSHIP TO DECEDENT BROTHER	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE NEPTUNE SOCIETY OF SAN DIEGO 14065 HWY 8 BUS EL CAJON, CA 92021		
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 607 WESTVIEW PLACE CHULA VISTA, CA 91910			8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD-1352		
ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.			9A. APPLICANT'S SIGNATURE 	9B. DATE SIGNED 03/07/2008	
PERMIT AND 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.					
10A. AMOUNT OF FEE PAID \$ 11.00		10B. DATE PERMIT ISSUED 03/07/2008 THOMIE PRYOR	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2800430		
10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 SAN DIEGO, CA 92186-5222			10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D		
11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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 OUTSIDE OF CALIFORNIA			FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS		
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3752 MARKET STREET SAN DIEGO, CA 92102		12B. DATE BURIED 3/21/2008	12C. INTERMENT NUMBER—IF APPLICABLE	
			12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING 		
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE	
			13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		14B. DATE RECEIVED		
			14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
			15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	15D. DATE SHIPPED	
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE		16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	
			16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL		

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:
 COPY 1 - ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.*
 COPY 2 - RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
 COPY 3 - RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
 COPY 4 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*
 * THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*Pre-Need 8 chairs
trust*

Date 3/5/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for James A. Dewitt # 228753 in a NIA Funeral, date, time Mon Mar 17, 2:00 pm 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 E-19076 Lot 100 Grave 1
Grave space & Care Fund _____

Overtime/Late Arrival Fees	_____
Opening/Closing & Setup	<u>149.00</u>
Burial Container	_____
Handling Fees	_____
Flower vases - Marker setting	_____
Recording/Filing/Transfer Fees	<u>65.00</u>
Sales taxes	_____
Total Due	<u>214.00</u>
Paid receipt number <u>P-01157</u>	<u>214.00</u>
Balance due	<u>0</u>

PAID
MAR 06 2008
MOUNT HOPE CEMETERY

I hereby certify I am the A 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 need

Signature [Signature] X Anne N Dewitt
 Print Name Anne N Dewitt
 Address 53010 Gardner Ave
San Diego, CA 92170
 City San Diego
 Telephone 619-5276-1557

Work Order # E 20652 Invoice # _____
 Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Delia Soto Dewitt ~~X~~

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

Burial Container

N/A

Mc Cormack

X

Stewart

Gilmore

Critchett

Pranger

Flagged

Yes

No

Blind check Initiated by:

Paulette

Date: 3/13/08

Interment space for:

James A. Dewitt ~~X~~

Interment Date:

3/17/08

Time:

2pm

Div:

8

Sect:

4

Blk/Row:

Lot: 100

Grave: 1

Grave Laid out by:

KEN

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Date

Remains were placed at:

of grave

E20652

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

8223

1A. NAME OF DECEDENT - FIRST (GIVEN) JAMES	1B. MIDDLE ALFRED	1C. LAST (FAMILY) DEWITT	2. DATE OF BIRTH MONTH, DAY, YEAR 12/30/1929	3. DATE OF DEATH MONTH, DAY, YEAR 03/09/2008	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 ANNE DEWITT, DAUGHTER 5010 GARDENA AVE. SAN DIEGO, CA 92110	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH AMERICAN CREMATION SERVICE, 6136 MISSION GORGE ROAD, STE 100 SAN DIEGO, CA 92120			7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1752		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed signed herein is on of the dispositions authorized by Section 103555 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT - Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 03/11/2008
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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/11/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		
10. AUTHORIZED DISPOSITION(S) CR/BU			FOR CORONER'S USE ONLY		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 3-17-08	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 3-12-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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 DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV. 12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*pre-need
10+ / trust*

Date 3-6-2008

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

of for Anne Dewitt / Gabriela Santana 231461

in a N/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 4 Blk/Row 2 Lot 96 Grave 1

Grave space & Care Fund 426.00

Overtime/Late Arrival Fees —

Opening/Closing & Setup 2 r/c \$ 149. 298.00

Burial Container —

Handling Fees —

Flower vases - Marker setting fee —

Recording/Filing/Transfer Fees 2 r/c \$ 65. 130

Sales taxes **PAID**

actually pd 1/7/09 MAR 06 2008 Total Due 854.00

Paid receipt number P-01158 400.00

Balance due 454.00

MOUNT HOPE CEMETERY

I hereby certify I am the self & 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]
Signature

231400
v Anne N De Witt
Print Name
3010 Gardner Ave
Address
San Diego, CA 92116
City
619-296-1557
Telephone

Decd mailed 1/8/09
Work Order # E 20653

3408 mailed coupons

Invoice # _____

Acct. # _____

Pre-need lot/trust

E-20653

DeWitt, Anne & Gabriela Santana 5010 Gardena Ave

DIV 8 SEC 4 LOT 96

SD CA 92110

DEBIT CREDIT BALANCE 1-15-07

	DEBIT	CREDIT	BALANCE
3/6/2008 Opened pre-need lot/trust for two	426.00		426.00
cremation burials Lot \$426, two r/f fees \$130, two	428.00		854.00
of \$298. P-01158.		400.00	454.00
3/26/08 P-01182 - Coupon #1		18.92	435.08
4/14/08 P-01206 - Coupon #2		20.00	415.08
5/21/08 P-01246 - Coupon #3		100.00	315.08
7/7/08 P-01318 Coupon #9 67007		32.44	282.64
9-22-08 P-01405		100.00	182.64
01/05/09 P-01588		182.64	0

PAID

IAN 5.2009

pd in full
MOUNT HOPE CEMETERY

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P01588

Date: 1/5, 20 09

From: Anne De Wit Address: on file
One hundred, eighty-two and 64/100 Dollars (\$ 182.64)
in part Payment of Pre-need
Div 8 Sec 4 Blk/Row _____ Lot 96 Grave 1

Invoice No. E20653

Acct. No. _____

W.O. _____

BALANCE DUE \$0

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

PAID

JAN 5 2009

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>182 64</u>
	77184	
Pre-Need Trust	63033	
	77186	
TOTAL PAID	\$	<u>182 64</u>

- Pre-Need Lot Money Order
 Pre-Need Trust Charge
 Check

1649

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 01405

Date: 9/22, 20 2008

From: Anne N. Dewitt Address: on file

One hundred and 00/100 Dollars (\$ 100.00)

in part Payment of Pre-need lot, trust.

Div 8 Sec 4 Blk/Row _____ Lot 96 Grave 1

Invoice No. E-20653

Acct. No. _____

W.O. _____

BALANCE DUE \$ 182.64

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

PAID

SEP 22 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	<u>100.00</u>
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	

TOTAL PAID \$ 100.00

- Pre-Need Lot
- Money Order
- Pre-Need Trust
- Charge
- Check 4796

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Anne N. DeWitt
Gabriela Santana
5010 Gardena Avenue
San Diego, CA 92110

Payment Coupon

Account Number: E-20653

E20653

Payment Number:	12	Payment Due Date:	03/06/2009
Payment Amount:	18.92	Amount Enclosed:	\$100.00
Payment after 03/16/2009:	18.92		
Bal. After This Payment:	164.80 26.96	<i>For answers to billing questions, please call 619-527-3400. Thank you.</i>	
Payments Remaining:	12.00		

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 01318

Date: 7/17 .20 08

From: Anne N. Dewitt Address: _____

thirty-two and 44/100 Dollars (\$ 32.44)

in 1 Payment of Pre-need lot, coupons 8,9
Div 8 Sec 4 Blk/Row _____ Lot 96 Grave 1

Invoice No. E-20653

Acct. No. _____

W.O. _____

BALANCE DUE \$ 282.64

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

PAID

JUL 17 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulitta C.

CREDIT	87007	<u>32</u>	<u>44</u>
20% Sales Care	77184		
Pre-Need	63033		
Trust	77186		
TOTAL PAID	\$	<u>32</u>	<u>44</u>

- Pre-Need Lot
- Money Order
- Pre-Need Trust
- Charge
- Check 4768

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 01206

Date: 4/14, 20 08

From: Anne Dewitt
Twenty and 00

Address: on file

Dollars (\$) 20 -

in part Payment of pre-need lot/trust

Div 8 Sec 4 Blk/Row _____ Lot 96 Grave 1

Invoice No. E-20653

Acct. No. _____

W.O. _____

BALANCE DUE \$ 415.08

Pre-Need Lot Money Order

Pre-Need Trust Charge

Check 4748

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

PAID

APR 14 2008

MOUNT HOPE CEMETERY

ISSUED BY Paullette C

CREDIT	67007	
20% Sales Care	77184	<u>2000</u>
Pre-Need	63033	
Trust	77186	

TOTAL PAID \$ 20 -

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 01182

From: Anne N Dewitt Address: on file Date: 3/26, 20 08

in Part Payment of Pre-need lot & trust, Coupon #1
Div 8 Sec 4 Blk/Row _____ Lot 96 Grave 1
Dollars (\$ 18.92)

Invoice No. E-20053

Acct. No. _____

W.O. _____

BALANCE DUE \$ 435.08

- Pre-Need Lot
- Money Order
- Pre-Need Trust
- Charge
- Check 4744

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 26 2008

MOUNT HOPE CEMETERY

ISSUED BY Paullette

CREDIT	67007
20% Sales Care	77184
Pre-Need	83033
Trust	77186

_____	18.92
_____	7
_____	18.92

TOTAL PAID \$ _____

E20653

Pin: 231460

Monthly Payments: \$18.92

E- 20653

Name	Address	Zip Code	Amount
DeWITT, ANNE & SANTANA, GABRIELA	5010 GARDENA AVE, SD	92110	\$ 854.00

VISION SECTION LOT GRAVE

				PERPETUITY 67007	LOT 100/77184	PRE-NEED 63033
	Opened Pre-Need Ash Lot & Trust		Payment			
3/6/2008	Trust include: O/C, LINER, H/F, R/F			\$85.20	\$340.80	\$428.00
	Downpayment	<input type="text" value="P-01158"/>	<input type="text" value="\$400.00"/>			\$400.00
						\$28.00
3/26/2008	Payment	<input type="text" value="1"/>	<input type="text" value="\$18.92"/>			\$18.92
		<input type="text" value="P-01182"/>				\$9.08
4/14/2008	Payment	<input type="text" value="2"/>	<input type="text" value="\$20.00"/>	\$20.00		
		<input type="text" value="P-01206"/>		\$65.20		
5/20/2008	Payment	<input type="text" value="3"/>	<input type="text" value="\$100.00"/>			\$100.00
		<input type="text" value="P-01246"/>			\$340.80	(\$90.92)
7/17/2008	Payment	<input type="text" value="4"/>	<input type="text" value="\$32.44"/>	\$32.44		
		<input type="text" value="P-01318"/>		\$32.76		
9/22/2008	Payment	<input type="text" value="5"/>	<input type="text" value="\$100.00"/>	\$100.00		
		<input type="text" value="P-01405"/>		(\$67.24)		
1/6/2009	Payment	<input type="text" value="6"/>	<input type="text" value="\$182.64"/>		\$182.64	
		<input type="text" value="P-01588"/>		(\$67.24)	\$158.16	(\$90.92)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

At Need

N.R.

Date 3-7-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SCHAUFFLER, BONKA # 231449

in a ASH VAULT Funeral, date, time 3/7/08 Friday

Church, Chapel, Graveside witness; FEATHERS MORTUARY (Permit) 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 6 Blk/Row _____ Lot 2 Grave 4

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
MAR 07 2008**

MOUNT HOPE CEMETERY

199.00
104.00
114.00

Total Due 510.06

Paid receipt number R60732 510.06

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 [Signature]

231459
HENRI G. SCHAUFFLER
Print Name
12419 STARLIGHT LN.
Address
BOWIE, MD 20715
City Zip Code
301-806-0518
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20654

OFFICIAL RECEIPT



WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PARK DEPARTMENT CEMETERY DIVISION No 9544
MOUNT HOPE CEMETERY

FROM Goodrich C. Stauffer DATE 4-21 1958
In full ADDRESS 229 Med. Arts Bldg. Portland Ore.
IN PAYMENT OF Robert S. Stauffer DOLLARS \$ 12.00

LOT 2 GRAVE 8 SECTION 6 DIVISION 3

INVOICE NO 47607

W.O. B-3209

UNPAID BALANCE AFTER THIS PAYMENT 0

CREDIT	306
SALES CARE	951
HALF SALES OF LOTS	100
7784	
OPENINGS	100
7781	12.00
BOXES	100
7782	
REMOVALS	100
FOUNDATIONS	7783
TOTAL PAID \$	12.00

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

PAID R.K.A. APR 23 1958

ISSUED BY [Signature]

FORM 212

ORDER CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

DATE 4-21 1958

CHARGE Goodrich C. Stauffer
ADDRESS 229 Medical Arts Bldg Portland Ore.
NAME OF DECEASED Robert S. Stauffer (Casket)
OWNER _____
ADDRESS _____
MORTUARY _____

LOT 2 GR 8 ROW 6 DIV 3

OPENING TIME _____ DAY DATE _____ # 12.00

VAULT BOX _____ SIZE _____

REMOVAL OR FOUNDATION _____

PAID RECEIPT NUMBER 9544 TOTAL \$ 12.00

BALANCE _____

Interon arrival
2 ft front of Gr.

PAID
APR 21 1958
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON [Signature] ORDER TAKEN BY [Signature]
PHONE BY [Signature]
W.O. NO. B 3209 INVOICE NO. 47607

E20654

E 20654

4701

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT
MOUNT HOPE CEMETERY

No 13818

DATE 6-13-1966

FROM Bernard & Hurley ADDRESS 800 Standard Plaza, Portland, Ore.

Fifty two and 93/100 DOLLARS (\$ 52.92)

IN full PAYMENT OF Goodrich C. Schauffer

LOT 2 GRAVE _____ ROW _____ SECTION 6 DIVISION 3

INVOICE NO C954

W.O. C-3300

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR

JUN 15 1966

W.

ISSUED BY R. W. Shilling

CREDIT	306	
SALES CARE	951	
HALF SALES	100	
OF LOTS	7784	
OPENINGS	100	23 00
	7781	
BOXES	100	23 92
	7782	
REMOVALS	100	6 00
FOUNDATIONS	7783	
TOTAL PAID \$		52 92

FORM AC-212

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-13-1966

CHARGE Bernard, Bernard & Hurley, Attys.

ADDRESS 800 Standard Plaza, Portland Oregon

NAME OF DECEASED Dr. Goodrich C. Schauffer

OWNER _____

ADDRESS _____

MORTUARY Lucas & Helman - Ph. Portland, Ore.

LOT 2 GR 4 ROW 6 SEC 6 DIV 3

OPENING TIME A.M. DAY THUR DATE 6-16-66 23 00

VAULT Ash SIZE 23 92

REMOVAL OR FOUNDATION Recording 6 00

TOTAL 452 92

PAID RECEIPT NUMBER 13818

BALANCE

Hd of gr. Left Side

PAID JUN 13 1966
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Auth attached

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON IN PHONE BY By mail ORDER TAKEN BY R. W. Shilling

W.O. NO. 3300 INVOICE NO. C954

FORM PR-974 REV.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E20654

97

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

1A. NAME OF DECEDENT—FIRST BONKA		1B. MIDDLE -	1C. LAST SCHAUFFLER
2. SEX F	3. DATE OF BIRTH (MONTH, DAY, YEAR) 06/16/1910	4. DATE OF DEATH (MONTH, DAY, YEAR) 12/27/2007	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)

6A. CITY OF DEATH LANHAM	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE MARYLAND
------------------------------------	--

7A. NAME OF INFORMANT HENRI G. SCHAUFFLER	7B. RELATIONSHIP TO DECEDENT SON	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE FEATHERINGILL MORTUARY 6322 EL CAJON BLVD. SAN DIEGO, CA 92115	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD-1083
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 12419 STARLIGHT LANE BOWIE, MD 20715			

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.		9A. APPLICANT SIGNATURE <i>Mabel Dominguez</i>	9B. DATE SIGNED 03/06/2008*
---	--	---	---------------------------------------

PERMIT AND 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.

10A. AMOUNT OF FEE PAID \$ 11.00	10B. DATE PERMIT ISSUED 03/06/2008 M. DOMINGUEZ	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2800405
--	---	--

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D. P.O. BOX 85222 SAN DIEGO, CA 92186-5222
--	---

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY		<input type="checkbox"/> I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS
<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 OUTSIDE OF CALIFORNIA		

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST. SAN DIEGO, CA 92102	12B. DATE BURIED 3-7-08	12C. INTERMENT NUMBER—IF APPLICABLE
			12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING <i>Mabel J. Q. [Signature]</i>

CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
			13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION

SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
		15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
			16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:
 COPY 1 — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.
 COPY 2 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
 COPY 3 — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
 COPY 4 — RETAINED BY REGISTRAR ISSUING THE PERMIT.*
 * 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 3-7-08

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

of Pik-Wah Lee 231456 11:00

in a Wilbert Vault Funeral, date, time Tues. Mar 11, 2008

Church, (Chapel) Graveside Greenwood Mortuary uyen

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 ~ Grave 297

Grave space & Care Fund E-11191 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 708.00

Burial Container Wilbert Vault

Handling Fees _____

Flower vases - Marker setting fee PAID 88.72

Recording/Filing/Transfer Fees APR 07 2008 85.00

Sales taxes _____

MOUNT HOPE CEMETERY

Paid receipt number AR 282874 881.72

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 _____

wa) 527-3098

Work Order # E 20655

X 231455

Print Name _____

X _____
Address

X _____
City

X _____
Zip Code

X _____
Telephone

Invoice # _____

Acct. # _____

See Attached

E20655

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Ø

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

Burial Container

Wilbert Vault delivered installed by Greenwood

			X			

Flagged

Yes

No

Blind check Initiated by:

Date:

Interment space for:

Pik-wah Lee

Interment Date:

Tues 3/11

Time:

11:00

Chapel

Div:

11

Sect:

2

Blk/Row:

—

Lot:

—

Grave:

297

Grave Laid out by:

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Date

Remains were placed at:

of grave

E20655

19

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) PIK-WAH	1B. MIDDLE H.	1C. LAST (FAMILY) LEE	2. DATE OF BIRTH MONTH, DAY, YEAR 07/24/1928	3. DATE OF DEATH MONTH, DAY, YEAR 03/05/2008	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 MABEL LEE, DAUGHTER 11674 WEATHERWOOD PLACE SAN DIEGO, CA 92131		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE SAN DIEGO, CA 92113		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD843	8A. SIGNATURE OF APPLICANT - <i>[Signature]</i>		8B. DATE SIGNED 03/10/2008
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 03/10/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
---	------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-12-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/10/2008

PRODUCER (714) 905-1923 FAX: (714) 905-1910
Hayward Tilton & Rolapp Insurance Associates,
 License #0614365
 888 S. Disneyland Dr. STE 400
 Anaheim CA 92802

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Legrand Wilbert LLC.
 4212 Whittier Blvd.
 Los Angeles CA 90023

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A Travelers Property Casualty Co.	
INSURER B Travelers Indemity Co of Conn.	
INSURER C	
INSURER D	
INSURER E	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADDL LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	6303255B957TIL07	7/1/2007	7/1/2008	EACH OCCURRENCE \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	8103255B957TIL07	7/1/2007	7/1/2008	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	CUP3255B957TIL07	7/1/2007	7/1/2008	EACH OCCURRENCE \$ 1,000,000
					AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	UB154D289808	3/1/2008	3/1/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$ 1,000,000
					E.L. EACH ACCIDENT \$ 1,000,000
					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
					E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

* Proof of Coverage* * 10 Day Notice of Cancellation issued for non-payment of Premium. * This Cancels & Replaces the Certificate issued on 2/26/08*

CERTIFICATE HOLDER

(619) 527-3403
 Mount Hope Cemetery
 Attn: David
 3751 Market Street
 San Diego, CA 92102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Employee Benefits	EBLIA		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
2,000,000	1,000,000			Premium
	Drive other car	DOC		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
	Medical payments	MEDPM		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
5,000				Premium
	Uninsured motorist combined single limit	UMCSL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
1,000,000				Premium
	Commercial Umbrella Aggregate			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
1,000,000				Premium
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

E20655

~~XXXXXXXX~~

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 3-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pik-Wah Lee 11:00
in a Wilbert Vault Funeral, date, time Tues. Mar 11, 2008
Church, Chapel, Graveside Greenwood Mortuary Wen
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>2</u>	Blk/Row <u>~</u>	Lot <u>~</u>	Grave <u>297</u>
Grave space & Care Fund <u>E-11191</u>				<u>0</u>
Overtime/Late Arrival Fees				<u>---</u>
Opening/Closing & Setup				<u>708.00</u>
Burial Container <u>Wilbert Vault</u>				<u>---</u>
Handling Fees				<u>---</u>
Flower vessel - Marker setting fee				<u>88.72</u>
Recording/Filing/Transfer Fees				<u>85.00</u>
Sales taxes				<u>0</u>
Total Due				<u>881.72</u>

Paid receipt number _____

Balance due _____

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

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

Mabel Lee
Signature

X Mabel Lee
Pan Handle
X 11674 Weatherwood Place
Address
San Diego CA 92131
City
X 858-549-2873 Telephone
858-722-5665

wa) 527-3098

Paulette
Work Order # E-20655

Invoice # _____

Accl. # _____

Vertical text on the right edge of the page, likely a scanning artifact or document ID.

館會華中埠咕姐山國美



Consolidated Benevolent Association

428 THIRD STREET

CALIF. U. S. A.



DATE 21-Dec-2003

姓名 Mrs. LEE, PIK-WAH, 李何碧英 華

住址 11674 WEATHER PLACE, SD 92131

經費 CHINESE DREA SECTION #1A
Division #4 GRAVE #298 \$ 750.

收款人簽名 Albert Wong [Signature]

MOUNT HOPE CEMETERY (CHINESE AREA)

Date: 21 Dec 2003

The undersigned hereby requests and authorizes the interment of the remains of

Mrs. Lee, PIK-WAH in Lot —, Gr #298, Row —, Sec. CHINESE,

Block/Division #11 in accordance with and subject to the rules and regulations governing

Chinese Drea, Section #1A said interment in Mount Hope Cemetery, and certifies and represents that he

has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from and all liability and account of said authorization and interment.



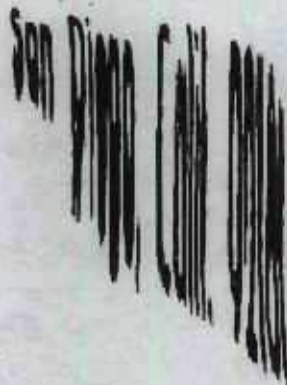
Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

[Signature] for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, Owners.
(Print name & title)

527-3403

館會華中埠咕姐山國美
 Chinese Consolidated Benevolent Association Inc.
 428 Third Avenue



MT. HOPE CEMETERY FUND
 重修好望崗墳場捐款

RECEIPT No. # 0942
 (收據號碼)

DATED 21 Dec 2003
 (月 日 年)

AMOUNT RECEIVED _____
 (共計)

NAME (ENGLISH) Mrs. LEE PIK-WAH
 (姓 名) LAST (姓) FIRST (名) MIDDLE (中)
 CITY SAN DIEGO, CA CALIFORNIA ZIP CODE
 (埠)

Chinese Area
 Division #11, Section #1A
 (地段 #29P)

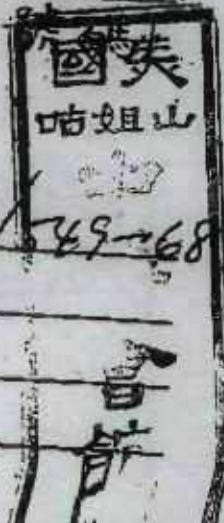
FOR PURCHASE OF PLOT (PLOT No. #29P)

DONATION
 (捐款)

MABEL LEE, 858/549-6873



REMARKS:
 (附注)



MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 9/7/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosalinda Alvarez 231451 1:00
 in a T.S. Vault Funeral, date, time 3/10/08 Monday
Type of Burial Container
 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 ICOF Section 4 Blk/Row 50 Lot 9 Grave 1

Grave space & Care Fund 2264.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.00

Burial Container 355.00

Handling Fees 263.00

Flower vases - Market setting fee _____

Recording/Filing/Transfer Fees 65.00

Sales tax 27.51

Total Due 3507.51

Paid receipt number R-60734 3507.51

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 See attached

City 231450 Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 20656

E 20656

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Ø

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

Burial Container

T.S. Vault

			X			

Flagged

Yes

No

Blind check Initiated by:

Date:

Interment space for:

Rosalinda Alvarez

Interment Date:

Mon. 3/10

Time:

2:30 ARRIVAL

Div:

IOOF

Sect:

~

Blk/Row:

50

Lot:

9

Grave:

1

Grave Laid out by:

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Date

Cremains were placed at:

of grave

E20656

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

32

1A. NAME OF DECEDENT - FIRST (GIVEN) ROSALINDA	1B. MIDDLE -	1C. LAST (FAMILY) ALVAREZ-OREGON	2. DATE OF BIRTH MONTH, DAY, YEAR 12/04/1975	3. DATE OF DEATH MONTH, DAY, YEAR 03/03/2008	4. SEX F
5A. CITY OF DEATH BARSTOW	5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE SAN BERNARDINO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MIGUEL VALLEJO, HUSBAND 3547 46TH STREET SAN DIEGO, CA 92105			
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 FD1425	8A. SIGNATURE OF APPLICANT - Person taking permit <i>[Signature]</i>		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is an of the disposition 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 02/10/2008			

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 IN THE 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 03/07/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT MARGARET BEED, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN BERNARDINO HEALTH DEPARTMENT 340 NORTH MOUNTAIN VIEW AVENUE SAN BERNARDINO, CA 92415-0010	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		

10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
---	------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA, 92102	11B. DATE BURIED 3-10-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03/10/08

*At Need
 Non-Res.*

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

of Lien Ngo Tung Pin# 231487
 in a T.S. Vault Funeral, date, time Friday Mar. 21 (12:00)
 Church, Chapel Graveside Avalon Pasadena Mortuary
626-449-2121

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 Chm. 11 Section 1 10 Lot _____ Grave 14

Grave space & Care Fund	_____
Overtime/Late Arrival Fees	_____
Opening/Closing & Setup	<u>708.-</u>
Burial Container	<u>472.-</u>
Handling Fees	<u>350.-</u>
Flower vases - Marker setting fee	_____
Recording/Filing/Transfer Fees	<u>85.-</u>
Sales taxes	<u>36.58</u>
Total Due	<u>1,651.58</u>
Paid receipt number <u>APO02966</u>	<u>1,651.58</u>
Balance due	<u>0</u>

PAID
 MAR 10 2008

MOUNT HOPE CEMETERY
 Paid receipt number APO02966

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

I hereby authorize the interment in lot I hold under dead
 Signature [Signature]

231486
KER-KONG TUNG
 Print Name
2093 Racetrack Blvd
 Address
Del Mar, CA 92014
 City Zip Code
626-4415112
 Telephone

Work Order # E 20657

Invoice # _____
 Acct. # _____

Tung
Lien ngo ~~for~~ James Tung
858-9813182

sat
1,133.00

\$1651.58 — Fri
1133.00

278.458
sat.

MC

E20657

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

90

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

1A. NAME OF DECEDENT - FIRST (given) LIEN NGO	1B. MIDDLE HSIAO	1C. LAST (FAMILY) TUNG	2. DATE OF BIRTH MONTH, DAY, YEAR 12/19/1917	3. DATE OF DEATH MONTH, DAY, YEAR 03/09/2008	4. SEX F
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5A. CITY OF DEATH SAN GABRIEL	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE LOS ANGELES	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SUSAN OU, DAUGHTER 6936 FERNCROFT AVE. SAN GABRIEL, CA 91775
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH AVALON PAS FUNERAL HOME & CREM, 415 E. ORANGE GROVE BLVD. PASADENA, CA 91104	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1458
---	---

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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>Jay Jacobede</i>	8B. DATE SIGNED 03/17/2008
--	--	--------------------------------------

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 03/17/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT JONATHAN FIELDING, MD
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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 LOS ANGELES CO DEPT OF PUBLIC HEALTH 313 NORTH FIGUEROA STREET, RM L-1 LOS ANGELES, CA 90012	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110
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10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 3-21-2008	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Whit 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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

PRE 10/10/08
10+/trust

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-18-08

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

in a TS for self 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 2 Section 5 Blk/Row _____ Lot 3 Grave 1 & 2

Grave space & Care Fund (2) 4529.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup (2) 1066.00

Burial Container (2) 710.00

Handling Fees (2) 526.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees (2) 130.00

Sales taxes _____ 53.02

PAID
SEP 8 2008
PO1389
MOUNT HOPE CEMETERY
Receipt number PO1164
CC-02331

_____ Total Due 7065.02

_____ 1404.00

Balance due 5611.02

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]
Signature

231462
M. MOHAMMAD R. SAMIEI
First Name
210816 Carmel Mountain Rd #D
Address
X SAN DIEGO, CA 92129
City
X (619) 581-672-0947
Telephone
Zip Code

Invoice # _____

Work Order # E 20658

Acct. # _____

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20568

DATE: 9/8/2008

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Mohammad R. Samiei and their heirs

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of \$2,264.00 situated in Mount Hope Cemetery described as:

DIVISION: 2 SECTION: 5 BLOCK / ROW: LOT: 3 GRAVE(s): 1
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

- (a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.
- (b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.
- (c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.
- (d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.
- (e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.
- (f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.
- (g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 8th day of September, 2008.

Signature / Date



Cemetery Manager

**MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS**

CONTRACT/CERTIFICATE NO: E-20568

DATE: 9/8/2008

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Mohammad R. Samiei and their heirs

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of \$2,264.00 situated in Mount Hope Cemetery described as:

DIVISION: 2 SECTION: 5 BLOCK / ROW: LOT: 3 GRAVE(s): 2
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.


That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

- (a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.
- (b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.
- (c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.
- (d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.
- (e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.
- (f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.
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All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 8th day of September, 2008.

Signature / Date



Cemetery Manager

Pin: 231462

Monthly Payments: \$ 234.00

E- 20658
20658

Name	Address	Zip Code	Amount
SAMIEI, MOHAMMAD	10816 Carmel Mt Rd. 92129	92129	\$ 7,015.02
DIVISION	SECTION	LOT	GRAVE
	2	5	3
			1 & 2
			PERPETUITY
			67007
			LOT
			100/77184
			PRE-NEED
			63033
5/19/2008	Opened Pre-Need Lot & Trust		
	Trust include: O/C, TS Vault, H/F, R/F		
3/11/2008	Downpayment		\$1,404.00
4/16/2008	Coupon #1	P01209	\$234.00
4/16/2008	Coupon #2	P01209	\$234.00
5/15/2008	Coupon #3	P01238	\$234.00
5/15/2008	Coupon #4	P01238	\$234.00
5/15/2008	Coupon #5	P01238	\$234.00
5/15/2008	Coupon #6	P01238	\$234.00
6/16/2008	Coupon #7	P01277	\$234.00
6/16/2008	Coupon #8	P01277	\$234.00
6/16/2008	Coupon #9	P01277	\$234.00
6/16/2008	Coupon #10	P01277	\$234.00
7/7/2008	Coupon #11	P01300	\$234.00
7/7/2008	Coupon #12	P01300	\$234.00
7/7/2008	Coupon #13	P01300	\$234.00
7/7/2008	Coupon #14	P01300	\$234.00
8/8/2008	Coupon #15	P01352	\$234.00
8/8/2008	Coupon #16	P01352	\$234.00
8/8/2008	Coupon #17	P01352	\$234.00
8/8/2008	Coupon #18	P01352	\$234.00
8/8/2008	Coupon #19	P01352	\$234.00
9/8/2008	Coupon #20	P01389	\$234.00
9/8/2008	Coupon #21	P01389	\$234.00
9/8/2008	Coupon #22	P01389	\$234.00
9/8/2008	Coupon #23	P01389	\$234.00
9/8/2008	Coupon #24	P01389	\$229.02
			\$7,015.02

APT
D

PERPETUITY	LOT	PRE-NEED
\$905.60	\$3,622.40	\$2,487.02
	\$3,622.40	\$1,404.00
	\$234.00	\$1,083.02
	\$3,388.40	
\$905.60	-\$671.60	
\$0.00	\$4,060.00	
	\$234.00	
	\$3,826.00	
	\$234.00	
	\$3,592.00	
	\$234.00	
	\$3,358.00	
	\$234.00	
	\$3,124.00	
	\$234.00	
	\$2,890.00	
	\$234.00	
	\$2,656.00	
	\$234.00	
	\$2,422.00	
	\$234.00	\$0.00
	\$2,188.00	\$2,487.02
		\$234.00
		\$2,253.02
		\$234.00
		\$2,019.02
		\$234.00
		\$1,785.02
		\$234.00
		\$1,551.02
		\$234.00
		\$1,317.02
		\$234.00
		\$1,083.02
		\$234.00
		\$849.02
		\$234.00
		\$615.02
		\$234.00
		\$381.02
		\$234.00
		\$147.02
		234
		-\$86.98
		234
		-\$320.98
		234
		-\$554.98
		229.02
		-\$784.00

E20659

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need
in grave with
alson Griffin

16
chairs

Date 3/10/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Phyllis Griffin 208239

in a Liner Funeral, date, time Wed's March 12 2pm
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 11 Section 1 Blk/Row w Lot 50 Grave 4

Grave space & Care Fund D-4001 < 1-29-1977 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 708.-

Burial Container 359.-

Handling Fees 275.-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 85.-

Sales taxes 27.82

PAID
MAR 10 2008

MOUNT HOPE CEMETERY

Colorado
4/2012

Total Due 1,454.82
Paid receipt number AP 04503A 1,454.82
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.

James L. Griffin
Signature

JAMES L. GRIFFIN
Print Name
6957 J. Pierce Ct
Address
Littleton CO 80128
City Zip Code
303-933-9492
Telephone

Paulette
Work Order # E20659

Invoice # _____
Acct. # _____

E20659

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Alson Griffin (T.S. Vault)

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

Burial Container ~~W~~ Liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Phyllis Griffin

Interment Date: 3/12/08 Time: 12pm

Div: 11 Sect: 1 Blk/Row: ~ Lot: 50 Grave: 4

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E20659

83

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

1A. NAME OF DECEDENT - FIRST (GIVEN) PHYLLIS	1B. MIDDLE IRENE	1C. LAST (FAMILY) GRIFFIN	2. DATE OF BIRTH MONTH DAY YEAR 04/19/1924	3. DATE OF DEATH MONTH DAY YEAR 03/03/2008	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 JAMES L. GRIFFIN, SON 6957 SOUTH PIERCE COURT LITTLETON, CO 80128	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MEMORIAL PARK & MORTUARY, 4300 IMPERIAL AVE SAN DIEGO, CA 92113			7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD843		8. DATE SIGNED 03/11/2008
ACKNOWLEDGEMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed 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>			9A. SIGNATURE OF APPLICANT <i>[Signature]</i>		

PERMIT <small>AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION</small>	<small>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA</small>	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/11/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	<small>10. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA</small> SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		<small>11. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small> --	

10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
--	-------------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3-12-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E20660

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 03/11/2008

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

of Wilbert + Royace Ford 231481

in a Liner Funeral, date, time Wed's Mar, 19th 11:00

Church, Chapel, Graveside CABURIAL Mortuary nat'l city

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 6 Grave 8

Grave space & Care Fund 2,264.-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.-

Burial Container 270.-

Handling Fees 206.-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 65.-

Sales taxes 20.98

PAID
MAR 13 2008

Total Due 3,358.93

Receipt number 80779 3,358.93

Balance due 0

I hereby certify I am the Mother / 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. 231480

Wilbert + Royace Ford
Signature

WILBERT L FORD
Print Name
5216 SOLIDA AVE
Address
SAN DIEGO CA 92114
City Zip Code
(619) 264-9317
Telephone

Work Order # E 20660

Invoice # _____
Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

		WILLIE REED	X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Wilbert R. Ford

Interment Date: 3/14/08 Time: 11:00

Div: 11 Sect: 2 Blk/Row: — Lot: 6 Grave: 8

Grave Laid out by: KEVIN & JUAN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: DAVID N Date 3-14-08

Cremains were placed at: _____ of grave

E20660

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

53

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

1A. NAME OF DECEDENT - FIRST (GIVEN) WILBERT	1B. MIDDLE ROYACE	1C. LAST (FAMILY) FORD	2. DATE OF BIRTH MONTH, DAY, YEAR 02/07/1955	3. DATE OF DEATH MONTH, DAY, YEAR 03/10/2008	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 LULA FORD, MOTHER 5216 SOLOLA AVE SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1357	8A. SIGNATURE OF APPLICANT - Person taking permit: <i>Victoria Mitchell</i>		
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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: 3/13/08			

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/12/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED 3-17-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.8, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

Mock Set-up

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/11/2008

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

In a _____ Funeral, date, time Mon March 17 @ 11:00

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 _____ 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 Mock set up 65.00

Sales taxes _____

Total Due 65.00

Paid receipt number AP 011415 35.00

Balance due 30.00

Will be buried at Riverside

PAID
MAR 11 2008
MOUNT HOPE CEMETERY

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.

Jenni Hubbard
Signature

Jenni Hubbard
Print Name
3001 Reynolds St.
Address
S.D. CA 92113
City Zip Code
619-262-7429
Telephone

Work Order # E 20661

Invoice # _____
Acct. # _____

E20662

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At need on grave of husband (Masushi Kariya) 12 chairs

Date 3/12/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kariya Kayoko ~~231479~~ 111028 in a ASH VAULT Funeral, date, time March 24th Monday Church, Chapel, Graveside Alhiser Corner Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 289.00 JD will be applied and billed to undersigned.

Division 10 Section 5 Blk/Row ~ Lot 4730 Grave 1

Grave space & Care Fund	-----	-----
Overtime/Late Arrival Fees	-----	-----
Opening/Closing & Setup	-----	199.-
Burial Container	-----	104.-
Handling Fees	-----	114.-
Flower vases - Marker setting fee	-----	85.-
Recording/Filing/Transfer Fees	-----	8.06
Sales taxes	-----	90.06

PAID

MAR 18 2008

MOUNT HOPE CEMETERY

Total Due 510.06
Paid receipt number AP069108 510.00
Balance due 0

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

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

Signature Darcy Kariya

Darcy Kariya 231478
Print Name
15725 Hwy 76
Address
Pineau Valley CA 92061
City
760/742-3477 Zip Code
Telephone

For 760-745-5259
E 20662 N.R.

Work Order # E 20662 Invoice # _____
Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Masashi Kayoko (full body)

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

Burial Container Ash Vault

Handwritten scribble

X

yuko
kariya stoner

hiroshi
kariya

Flagged Yes No

Blind check Initiated by: paulette Date: 3/18/08

Interment space for: Kayoko kariya

Interment Date: 3/24 Mon Time: 2:30

Div: 10 Sect: — Blk/Row: Lot: A730 Grave: 1

Grave Laid out by: Homan

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Homan Date 3-21-08

Remains were placed at: _____ of grave

E20662

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

90

1A. NAME OF DECEDENT - FIRST (W/MEN) KAYOKO	1B. MIDDLE TAKECHI	1C. LAST (FAMILY) KARIYA	2. DATE OF BIRTH MONTH, DAY, YEAR 08/19/1927	3. DATE OF DEATH MONTH, DAY, YEAR 03/10/2008	4. SEX F
5A. CITY OF DEATH PAUMA VALLEY		5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LAURIE KARIYA, DAUGHTER 17362 ALMELO LANE HUNTINGTON BEACH, CA 92649		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ALHISER COMER MORTUARY, 225 S BROADWAY ESCONDIDO, CA 92025		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD297	9A. SIGNATURE OF APPLICANT - (Person being permitted) <i>[Signature]</i>		
ACKNOWLEDGEMENT OF APPLICANT: <small>I hereby acknowledge as applicant that the proposed 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>		9B. DATE SIGNED 03/13/2008			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR <small>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION</small>	<small>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA</small>	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 03/13/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S)
CR/BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LAKEPOINTE CREMATORIUM, 571J CRANE ST., LAKE ELSINORE, CA 92530	12B. DATE CREMATED 3-14-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R. 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 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 DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E20663

At Need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3/12/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Barbara Julia Baldridge 231471
in a Double-Depth "A" Funeral, date, time Monday Mar 17th 10:30
Church, Chapel Graveside WMS. 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 12 Section 2 Blk/Row W Lot 186 Grave 5
Grave space & Care Fund 2264.-

Overtime/Late Arrival Fees _____
Opening/Closing & Setup 533.-
Burial Container 539.-
Handling Fees 454.-

PAID
MAR 12 2008

Flower vases - Marker setting fees 65.-
Recording/Filing/Transfer Fees _____

Sales taxes 411.08 Came in ck returned 41.77
NSF FEE. new CIC with \$25- 3896.77

Total Due 2,300.00
Paid receipt number R60796 1596.77
R-10152 1296.77
R-60751 300.00

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

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

Jeri Baldridge 231470
Full Name
5460 Repcho Drive #1101
Address
San Diego, CA 92124
City Zip Code

Signature _____

Telephone _____

Invoice # _____

Work Order # E 20663

Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Double-Depth "A"

				L.C. Morton		Jimmie Morton
			X			
				Covington		

Flagged Yes No

Blind check Initiated by: RC Date: 3/13

Interment space for: Barbara J. Baldrige

Interment Date: 3/17/08 Time: 10:00 am Mon.

Div: 12 Sect: 2 Blk/Row: ~ Lot: 186 Grave: 5

Grave Laid out by: HEN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20663

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

71

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

1A. NAME OF DECEDENT - FIRST (GIVEN) BARBARA		1B. MIDDLE JULIA		1C. LAST (FAMILY) BALDRIDGE		2. DATE OF BIRTH MONTH, DAY, YEAR 12/04/1936		3. DATE OF DEATH MONTH, DAY, YEAR 03/08/2008		4. SEX F																																					
CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE SAN DIEGO		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CHRISTINE BALDRIDGE-MCCALL, DAUGHTER 5460 REPECHO DR# 101 SAN, CA 92124																																									
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH WILLIAMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104						7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1575			8A. SIGNATURE OF APPLICANT - <i>Permit being permit</i> Shelice A. Williams			8B. DATE SIGNED 03/14/2008																																			
*ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103066 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.																																															
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10. AUTHORIZED DISPOSITION(S) BU						FOR CORONER'S USE ONLY																																									

COMPLETE ALL APPLICABLE ITEMS	BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102		11B. DATE BURIED 3-17-08		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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V99a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

At Need,
12 chairs

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3/13/08

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

of Ying Hing Bui 231469

in a T.S. Vault Funeral, date, time Sat. March 15 1:00 Church

Church, Chapel, Graveside Poway-Bernado Mortuary 955-948-4441

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. _____

Chinese

Division 11 Section 2 Blk/Row 2 Lot 2 Grave 251

Grave space & Care Fund E-1191

Overtime/Late Arrival Fees SAT. FEE 851.-

Opening/Closing & Setup 533.-

Burial Container 355.-

Handling Fees 263.-

Flower vases - Marker setting fee TRION vase W06087 65.71

Recording/Filing/Transfer Fees PAID 65.00

Sales taxes MAR 13 2008 27.51

Total Due 2160.22

Balance due 0

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

I hereby authorize the interment in lot I hold under deed. 228484

Signature Sally Tsui Wang Pre Name Sally Tsui Wang

Address 2618 W. Canyon Ave

City San Diego Zip Code 92123

Telephone (619) 987-8248

Work Order # E 20664 Invoice # _____

Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Ø

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

Burial Container

T.S. Vault

			X	RILAN TAN LU		
		-				

Flagged

Yes

No

Blind check Initiated by:

Date:

Interment space for:

Ying Hing Tsui

Interment Date:

Set 3/15

Time:

1:00 Church

Div:

11

Sect:

2

Blk/Row:

Lot:

Grave

292

Grave Laid out by:

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Date

Remains were placed at:

of grave

MOUNT HOPE CEMETERY (CHINESE AREA)

Date: 13 March 2008

The undersigned hereby requests and authorizes the interment of the remains of

Mr. Tsui Ying Hing in Lot _____, Gr ~~296~~ ²⁹², Row _____, Sec. CHINESE,
(NAME) Sect #1

Block/Division #11 in accordance with and subject to the rules and regulations governing

said interment in Mount Hope Cemetery, and certifies and represents that he or she has the

legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless

from any and all liability and account of said authorization and interment.



Signature of relative or legal representative

[Handwritten signature]

(Signature)
Albert Wong, Chairman
(Print name & title)

Address & relationship to deceased or authority to sign authorization

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION Owners.



Rec'd #00902

E20667

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) YING	1B. MIDDLE HING	1C. LAST (FAMILY) TSUI	2. DATE OF BIRTH MONTH, DAY, YEAR 09/22/1927	3. DATE OF DEATH MONTH, DAY, YEAR 03/13/2008	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 SALLY TSUI WONG-AVERY, DAUGHTER 2618 W CANYON AVE SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH POWAY-BERNARDO MORTUARY, 13243 POWAY RD POWAY, CA 92064		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1195	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Sally Tsui</i>		8B. DATE SIGNED 03/14/2008
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/14/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 3/15/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Callura</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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.

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At need

Date 3-14-08

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

of Jose Luis Vasquez 231483

in a Double-Depth A Funeral, date, time Weds. Mar. 19th 11:00

Church, Chapel, Graveside _____ Mortuary, Humphrey CV

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 127 Grave 2

Grave space & Care Fund _____ 3011.-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 708.-

Burial Container _____ 717.-

Handling Fees _____ 604.-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 85.-

Sales taxes _____ 55.57

PAID
MAR 14 2008

Total Due 5,180.57

Paid receipt number R-60758 5,180.57

Balance due 0

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

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

Signature Irma Quijas

Irma Quijas 231482
Print Name
1580 Mendocino DR #64
Address
Chula Vista, CA 91911
City
397-0518
Telephone
Zip Code

Work Order # E 20665

Invoice # _____
Acct. # _____

E20665

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH 0

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

Burial Container _____

		GRACE WILEY	X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: JOSE LUIS VASQUEZ

Interment Date: 3/19/08 Time: 11:00 AM

Div: 12 Sect: 2 Blk/Row: ~ Lot: 127 Grave: 2

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20665

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

36

1A. NAME OF DECEDENT - FIRST (GIVEN) JOSE	1B. MIDDLE LUIS	1C. LAST (FAMILY) VASQUEZ	2. DATE OF BIRTH - MONTH, DAY, YEAR 12/05/1971	3. DATE OF DEATH - MONTH, DAY, YEAR 03/13/2008	4. SEX M
5A. CITY OF DEATH CHULA VISTA		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT IRMA QUIJAS, WIFE 1580 MENDOCINO DRIVE UNIT 64 CHULA VISTA, CA 91911		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD964		8B. DATE SIGNED 03/17/2008	
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is on 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 holding permit <i>Kim Brumber</i>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/17/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST-SAN DIEGO, CA 92102	11B. DATE BURIED 3-19-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Norman Vasquez</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103050.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

LOW INCOME
AT NEED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-17-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of REYERDA LONG 231327

in a LINCR Type of Burial Container Funeral, date, time MAR 20 2:00 PM

Church, ~~Chapel~~ Graveside PROCESSION Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 283.00 will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row _____ Lot 15 Grave 10

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47

PAID
MAR 17 2008
MOUNT HOPE CEMETERY

CHEK # 2472 679
CHEK # 6235 1000.00

Total Due 1679.47

Paid receipt number RL0761 1679.47

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.

Freida Long
Signature

Freida Long 231495
Print Name
1563 Opaline Pl
Address
Chula Vista CA 91913
City Zip Code
(619) 941-1306
Telephone

Work Order # E 20666

Invoice # _____

Acct. # _____

E20666

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container L U G R

			X	ANTAWAR DAVIS		

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: REVERDA LONG

Interment Date: _____ Time: _____

Div: 11 Sect: 2 Blk/Row: _____ Lot: 15 Grave: 10

Grave Laid out by: KEN & JIMMY

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: JUGA Date 3-18-08

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E20666

75

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

1A. NAME OF DECEDENT - FIRST (GIVEN) REVERDA	1B. MIDDLE -	1C. LAST (FAMILY) LONG	2. DATE OF BIRTH MONTH, DAY, YEAR 01/20/1933	3. DATE OF DEATH MONTH, DAY, YEAR 03/14/2008	4. SEX F
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FREIDA LONG DANTZLER, DAUGHTER 1863 OPALINE PLACE #511 CHULA VISTA, CA 91913	
7. CALIF. LICENSE NUMBER - IF APPLICABLE FD1746			8A. SIGNATURE OF APPLICANT - <i>Mark Jenkins</i>		
8B. DATE SIGNED 3-18-08					

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed 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.	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 03/18/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH -- IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		
		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION -- IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
--	-------------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 3/20/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Calero</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)



E20666

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY
LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services to the public. Fee waivers are meant for those who are financially unable to afford to participate in a program. All persons submitting a fee waiver are required to submit verification of income and proof of residency as proof of qualification.

Name of Deceased: Reverda Long

Address: 6491 Lemerand ave #4

City: San Diego State: CA Zip Code: 92115

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

<input checked="" type="checkbox"/>	<u>Annual Income</u>	<input type="checkbox"/>	<u>Annual Income</u>
<input checked="" type="checkbox"/>	(1) \$14,400 <u>\$10,348.00</u>	<input type="checkbox"/>	(4) \$39,980
<input type="checkbox"/>	(2) \$23,590	<input type="checkbox"/>	(5) \$47,180
<input type="checkbox"/>	(3) \$32,390	<input type="checkbox"/>	(6) \$55,180

For larger families, add \$8,000 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that persons' household. Please submit the deceased's current internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Freida Long Daughter 3/17/08
Signature Relationship Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

Maria Drouilly 3/17/08
Approved by Date

Current SS FORM SSA 1099 Documents verified on: 3/17/08

Approved By INFU
Date 3/17/08

Mt. Hope Cemetery

Community Parks | Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527

Tel (619) 527-3400 • Fax (619) 527-3403



DIVERSITY
MAKES US ALL TOGETHER

E20666

LIFT TO OPEN

10-962-2080

IMPORTANT: TAX INFORMATION ENCLOSED

**KEEP THIS FORM FOR PROOF OF SOCIAL SECURITY BENEFITS
NEED TO CONTACT SOCIAL SECURITY? CALL 1-800-772-1213!
OR
VISIT OUR WEBSITE WWW.SOCIALSECURITY.GOV**

CLASSIFIED BY 1-10-2008

♻️ Printed on recycled paper

GPO: U.S. GOVERNMENT PRINTING OFFICE: 2008-339-241-000005

Form SSA-1089-SM (1-2008)

Mar. 17 2008 01:00PM P2

FAX NO. : 619 2639048

FORM: WILL'S COMPUTER SERVICES

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 3/17/08

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

of Corinne R. Tolbert Pin # 231485
 in a Liner Funeral, date, time Friday MARCH 21, 2008
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 10 Section _____ Blk/Row _____ Lot 983 Grave 1

Grave space & Care Fund		<u>2,264.00</u>
Overtime/Late Arrival Fees		_____
Opening/Closing & Setup	PAID	<u>533.00</u>
Burial Container	MAR 17 2008	<u>270.00</u>
Handling Fees		<u>206.00</u>
Flower vases - Marker setting	MOUNT HOPE CEMETERY	<u>65.00</u>
Recording/Filing/Transfer Fees		<u>20.93</u>
Sales taxes		<u>20.93</u>

Total Due 3,358.93

Paid receipt number AP#018430 3,358.93

Balance due 0

Bob A

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 [Signature]

LARRY V. Tolbert 231484
 Print Name
3484 Ruffin Rd #102
 Address
SAN DIEGO 92123
 City Zip Code
258-569-6470
 Telephone

Work Order # E 20667

Invoice # _____
 Acct. # _____

E20667

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 3/17/08

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

MORTUARY NAME: Ca Burial

FAMILY MEMBER/REPRESENTATIVE 23A 3272

CONTACT PERSON: Mr. Tolbert, Larry

TELEPHONE NO: husband

NAME OF DECEASED:

LAST NAME: Tolbert full-body

FIRST NAME: Corinne

DOD: _____ DOB: _____

VETERAN BRANCH OF SERVICE: _____

REGULAR SIZE CASKET OVERSIZE CHILD

FUNERAL SERVICE

TYPE OF SERVICE: CHURCH CHAPEL GRAVESIDE

LOCATION OF SERVICE: _____

DATE OF SERVICE: _____ TIME OF SERVICE: _____

EXPECTED ARRIVAL TIME AT MT. HOME: _____

CEMETERY PROPERTY: A/N P/N P/N TRUST

DIV: _____ SECT: _____ BLK/ROW: _____ LOT: _____ GRAVE: _____

SINGLE GRAVE CREMATION

DBL DEPTH 1st BURIAL 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE COMMITTAL GRAVESIDE

WITNESS ONLY DELIVERY ONLY

P/A DELIVERY MILITARY DETAIL

SPECIAL INSTRUCTIONS: _____

E20667

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

52

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

1A. NAME OF DECEDENT - FIRST (and/or) CORINNE	1B. MIDDLE R	1C. LAST (FAMILY) TOLBERT	2. DATE OF BIRTH MONTH, DAY, YEAR 06/22/1955	3. DATE OF DEATH MONTH, DAY, YEAR 03/01/2008	4. SEX F
5. CITY OF DEATH SAN DIEGO		6B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LARRY TOLBERT, HUSBAND 3484 RUFFIN ROAD #1Q SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1357	9A. SIGNATURE OF APPLICANT - Person in Charge <i>Victoria Mitchell</i>		
ACKNOWLEDGEMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed stated herein is on 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.		9B. DATE SIGNED 3/18/08	

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/18/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 3-21-2008	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Michael J. Fisher</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59a (REV. 12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 10306D.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Disinterment

Date 03/17/08

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

in a TS Vault Funeral, date, time March Wed 26th

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 9 Grave 6

Grave space & Care Fund _____

Overtime/Late Arrival Fees Disinterment Pre-ritter 149.-

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

PAID

Total Due 1419.-
MAR 20 2008 pt of R60ms 1,419.-

Syster
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.

Eunice L. Murphy
Signature

Eunice L. Murphy
Print Name
3102 Altadena
Address
San Diego CA 92105
City Zip Code
619-316-8347
Telephone

619
234-3272

Work Order # E 20668 Invoice # _____
Acct. # _____

E20668

Disinterment

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Ø

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

Burial Container

T.S. Vault

	Patterson		X		Cullen
Shooban			Mayfield		Edwards
		Young		Matthews	

Flagged

Yes

No

Blind check Initiated by:

Date:

Interment space for:

Alice B. Robbins

Interment Date:

Wed 19th

Time:

Div:

11

Sect:

2

Blk/Row:

Lot:

9

Grave:

60

Grave Laid out by:

KEN & JUAN

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Norman

Date

3-25-88

Cremains were placed at:

_____ of grave



E20668

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF ALICE RUTH ROBBINS

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Alice Robbins 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 Alice Robbins 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 Alice Robbins is identified as:

Lot 9 Grave 6 Section 2 Division 11

We acknowledge that we have been advised that the remains of may not be present and/or intact.

x Eunice S. Murphy
SIGNATURE(S)

x sister
RELATION TO DECEASED

COL N35 34726

11-25-09

Paulette Crawford
WITNESSED BY

3/20/08
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



E 206 68

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF *Alice Ruth Robbins*

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of *Alice Robbins* 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 *Alice Robbins* 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 *Alice R. Robbins* is identified as:

Lot *9* Grave *6* Section *2* Division *11*

We acknowledge that we have been advised that the remains of may not be present and/or intact.

✓

SIGNATURE(S)

→ *Pauline East* *see E-20366*
RELATION TO DECEASED

companion
(Verify by previous appt.)
11, 2, 9, 6
2344 Alhambra Ave

Paullette Crawford
WITNESSED BY

3-17-08
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



At need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03/17/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jean Murphy 231497 11.00

in a T.S. Vault Funeral, date, time 03/27/08 Thursday

Church, Chapel, Graveside CA BURIAL Mortuary Macdonald Baptist Church - Market church

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 9 Grave 6

Grave space & Care Fund _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup SEE (E-20668) _____

Burial Container _____ 355.00

Handling Fees _____ 263.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 32.50

Sales taxes _____ 27.51

PAID
MAR 20 2008

R-60775

Total Due 678.01

MOUNT HOPE CEMETERY

678.01

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 Eunice L. Murphy

Eunice L. Murphy
Print Name
3102 Altadena Ave
Address
San Diego CA 92105
City
619-316-0347
Telephone
Zip Code

231496

Work Order # E 20669

Invoice # _____
Acct. # _____

E20669

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container T. Vault

			X			

Flagged Yes _____ No _____

Blind check initiated by: _____ Date: _____

Interment space for: Joan Murphy

Interment Date: 3-2 78 Time: _____

Div: 11 Sect: 2 Blk/Row: _____ Lot: 9 Grave: 6

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20669

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

72

1A. NAME OF DECEDENT - FIRST (GIVEN) JOAN	1B. MIDDLE ANN	1C. LAST (FAMILY) MURPHY	2. DATE OF BIRTH MONTH, DAY, YEAR 02/14/1936	3. DATE OF DEATH MONTH, DAY, YEAR 03/15/2008	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 EUNICE MURPHY, DAUGHTER 3102 ALTADENA AVE SAN DIEGO, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1357		8A. SIGNATURE OF APPLICANT - (Person taking permit) Victoria Mitchell	
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed 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 3/24/08	

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/24/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	11B. DATE BURIED 3/27/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kenneth Collins	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R. 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

At need
Prepaid

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/17/2008

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

In a ASH VAULT Type of Burial Container Funeral, date, time Friday, Mar 28 @ 2 pm

Church, Chapel, Graveside _____ Mortuary Humphrey

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 102 Grave 1

Grave space & Care Fund E-10512

Overtime/Late Arrival Fees E-20534

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 0

I hereby certify I am the Hijo of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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]

Victor C. Rojas
Print Name
39992 NOTTINGHILL RD
Address
MURRIETA CA 92563
City Zip Code
951-698-5768
Telephone

Work Order # E 20670

Invoice # _____

Acct. # _____

PRE-NEED LOT

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12/17/92

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

of DOMINGA CRUZ

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

Lot 102 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 695.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 695.00

Paid receipt number 43128 100.00

Balance due 595.00

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

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

Signature of recorded holder of deed

Signature Dominga Cruz
Address 1317 D AVE. # 317
City National City CA 91950
Telephone 474-5005

Invoice # _____

Acct. # _____

Work Order # E 10512

PY-593 (Rev. 8-92)

E 20670

Pre-need TRUST

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12/26/07

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

of Dominga Cruz 207447

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 18 Section 3 Blk/Row _____ Lot 102 Grave 1

Grave space & Care Fund E-10512

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 199.00

Burial Container 104.00

Handling Fees 114.00

Flower vases - Marker setting fee 237.00

Recording/Filing/Transfer Fees 85-

Sales taxes 806

Total Due 747.06

Paid receipt number R01083 747.00

Balance due 0

I hereby certify I am the Hija of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 Priscila Rodriguez
First Name Priscila Rodriguez
Address 10126 HALBRENT AVE.
City Mission Hills CA 91345
Telephone 818-894-0956

Invoice # _____

Work Order # E 20534 Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20670

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) DOMINGA	1B. MIDDLE H.	1C. LAST (FAMILY) CRUZ	2. DATE OF BIRTH - MONTH, DAY, YEAR 08/04/1919	3. DATE OF DEATH - MONTH, DAY, YEAR 02/29/2008	4. SEX F
5A. CITY OF DEATH NATIONAL CITY		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT VICTOR ROJAS, SON 39990 NOTTINGHILL ROAD MURRIETTA, CA 92563		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD964	8A. SIGNATURE OF APPLICANT - Person taking permit <i>Kim Brunker</i>		8B. DATE SIGNED 03/03/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/03/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S): **CR/BU**

FOR CORONER'S USE ONLY

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 GREENWOOD CREMATORY 4300 IMPERIAL AVE-SAN DIEGO, CA 92113	12B. DATE CREMATED 3-7-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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.

1918318

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3/17/2007

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

in a Ash Vault Type of Burial Container Funeral, date, time Friday, Mar 28 @ 2pm

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 102 Grave 1

Grave space & Care Fund _____ E-10512 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 199.00

Burial Container _____ 104.00

Handling Fees _____ 114.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 85.00

Sales taxes _____ 8.06

PAID

MAR 17 2008

MOUNT HOPE CEMETERY

Total Due 510.06

Paid receipt number R-60762 510.06

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 Vicente Cruz
Address 39990 NOTTINGHILL Rd
MORRIETA CA 92563
City _____ Zip Code _____
Telephone 951-698-5768

Work Order # E 20671

Invoice # _____

Acct. # _____

PRE-NEED
LOT

E20671

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 12/14/92

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

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

War time veteran _____

Lot 102 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 695.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 695.00

Paid receipt number 43128 100.00

Balance due 595.00

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

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

Signature of recorded holder of deed _____

Dominga Cruz
Signature
1317 D AVE. N-317
Address
Matamoros / City CA 91950
City Zip Code
474-5005
Telephone

Work Order # **E** 10512

Invoice # _____

Acct. # _____

E20671

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Ash Vault (2)

			Moraw Herrera			
		Jones	X			
				Swain		

Flagged

Yes

No

Blind check Initiated by: _____ Date: _____

Interment space for: Dominga & Arturo Cruz

Interment Date: 3/28 Time: 2 pm

Div: 12 Sect: 3 Blk/Row: _____ Lot: 102 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ARTURO		1B. MIDDLE -	1C. LAST (FAMILY) CRUZ		2. DATE OF BIRTH MONTH DAY YEAR 06/30/1955	3. DATE OF DEATH MONTH DAY YEAR 10/25/2003	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 OF INFORMANT IRMA CRUZ (WIFE) 1058 ELKELTON BLVD. #28 SPRING VALLEY, CA 91977			
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 using permit <i>M. Dominguez</i>		8B. DATE SIGNED 10/29/2003
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 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 10/29/2003	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2317819 H. DOMINGUEZ		
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 ITEM(S)						FOR CORONOR'S USE ONLY		
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. TEMPORARY ENHAULTMENT		<input type="checkbox"/> I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)				
<input checked="" type="checkbox"/> B. CREMATION		<input type="checkbox"/> F. DISINTERMENT						
<input checked="" type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA						
<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA						
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY		11B. DATE BURIED 3/29/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Callus</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE., COSTA MESA, CA 92626		12B. DATE CREMATED OGT 31 2003	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>J. Dominguez</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 RES: IRMA CRUZ - 1058 ELKELTON BLVD. #28, SPRING VALLEY, CA 91977		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.

E20671

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST ARTURO		1B. MIDDLE -	1C. LAST CRUZ
---	--	-----------------	-------------------------

2. SEX M	3. DATE OF BIRTH (MONTH, DAY, YEAR) 06/30/1955	4. DATE OF DEATH (MONTH, DAY, YEAR) 10/25/2003	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
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6A. CITY OF DEATH CHULA VISTA	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO
---	---

7A. NAME OF INFORMANT VICTOR ROJAS	7B. RELATIONSHIP TO DECEDENT SON	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE HUMPHREY MORTUARY 753 BROADWAY-CHULA VISTA, CA 91910 KIM BEAULIEU	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD964 2800594
--	--	---	---

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 39990 NOTTINGHILL ROAD MURRIETTA, CA 92563	
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ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.	9A. APPLICANT SIGNATURE <i>Kim Beaulieu</i>	9B. DATE SIGNED 04/07/2008
---	--	--------------------------------------

PERMIT AND 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.

10A. AMOUNT OF FEE PAID \$ 11.00	10B. DATE PERMIT ISSUED 04/07/2008	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
--	--	---

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY HEALTH DEPT. P.O. BOX 85222 SAN DIEGO, CA 92186-5222	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D
--	--

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) <input type="checkbox"/> 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 OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶	

CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	

SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
		15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

- COPY 1** — ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. 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.*
- COPY 2** — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
- COPY 3** — RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
- COPY 4** — RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

15 chairs

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/19/2008

23149A

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

of IMAIZUMI, Infant Boy Seth Edward

in a 0 Liner Funeral, date, time Thurs. March 20 @ 9am

Church, Chapel, Graveside March Air Force Base Cucamonga 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 52 Grave 12

Grave space & Care Fund _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup Disinterment Fee 1887.00

Burial Container PAID 133.00

Handling Fees PAID 48.00

Flower vases - Marker setting fee MAR 18 2008 _____

Recording/Filing/Transfer Fees _____ 85.00

Sales taxes _____ 10.31

MOUNT HOPE CEMETERY

Total Due 2,163.31

Paid receipt number R-66783 2,163.31

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.

Signature Roberto G. Imazumi

23149B
Roberto G. Imazumi
First Name
37655 Ruby Lane
Address
Palmdale CA 93552
City Zip Code
(760) 458 67 27
Telephone

Work Order # E 20672

Invoice # _____
Acct. # _____

E20672

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Jimpei Imaizumi

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

Burial Container 0 Liner

			X	F IMAIZUMI	L IMAIZUMI	

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Baby boy Imaizumi

Interment Date: 3/20/08 Time: 9:00

Div: 7 Sect: 2 Blk/Row: _____ Lot: 52 Grave: 12

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20672

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) SETH	1B. MIDDLE EDWARD ISAO	1C. LAST (FAMILY) IMAIZUMI	2. DATE OF BIRTH MONTH, DAY, YEAR 03/10/2008	3. DATE OF DEATH MONTH, DAY, YEAR 03/10/2008	4. SEX M
---	----------------------------------	--------------------------------------	---	---	--------------------

5A. CITY OF DEATH TORRANCE	5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE LOS ANGELES	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP-CODE OF INFORMANT KAILA R. IMAIZUMI, MOTHER 37655 RUBY LANE PALMDALE, CA 93552
--------------------------------------	--	--

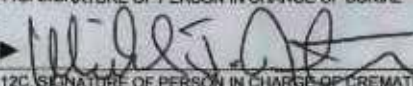
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CUCAMONGA MORTUARY, 9033 BASELINE ROAD #1 RANCHO CUCAMONGA, CA 91730	7B. CALIF. LICENSE NUMBER IF APPLICABLE FD1676	8A. SIGNATURE OF APPLICANT - Person taking permit 	8B. DATE SIGNED 03/18/2008
---	--	--	--------------------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 03/18/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT JONATHAN FIELDING, MD
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AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	10. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA LOS ANGELES CO DEPT OF PUBLIC HEALTH 313 NORTH FIGUEROA STREET, RM L-1 LOS ANGELES, CA 90012	11. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110
---	--	---

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 375 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 03-20-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E20672

P.1

TRANSMISSION REPORT

(FRI) MAR 14 2008 9:54

User /Account :
DESTINATION : 919518553064
DEST. NUMBER : 919518553064

DOCUMENT# : 7500000-702
TIME STORED : MAR 14 9:54
TX START : MAR 14 9:54
DURATION : 21sec
COM. MODE : ECM

F-CODE :

PAGES : 1page
RESULT : OK



THE CITY OF SAN DIEGO

FAX TRANSMITTAL

Date: March 14, 2008

The following 1 total pages (including this cover page) are intended for:

To: Marcia Raily

From: Maria Dovensky

Company:

Division: Mount Hope Cemetery

FAX # (951) 655-3064

FAX # (619) 527-3403

Phone #

Phone # (619) 527-5474



THE CITY OF SAN DIEGO

FAX TRANSMITTAL

Date: March 14, 2008

The following 1 total pages (including this cover page) are intended for:

To:	Marcia Raily	From:	Maria Dovensky
Company:		Division:	Mount Hope Cemetery
FAX #	(951) 655-3064	FAX #	(619) 527-3403
Phone #		Phone #	(619) 527-5474

SUBJECT: Approximately interment cost for Imizumi infant

Comments:

Disinterment of Jimpei Imaizumi in order to deepen gravesite: (Jimpei was interred in a Top Seal Vault, no disturbance of remains)	\$1,887.00
Coast of Infant Liner	133.00
Handling Fee for Liner	48.00
Tax on Liner	10.31
Recording Fee	85.00
Total Cost	\$2,163.31

***Please have the family contact the Cemetery Manager at (619) 527-5473 or Cell (619) 980-2686 To discuss other possible alternatives

If there are any problems with receiving this FAX transmission (such as missing pages), please contact the Sender at the "From" phone number given above.

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Mount Hope Cemetery
375 Market Street
San Diego, CA 92102

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

pre-need trust for 2

Date 03/18/08

231472

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

for: Mary Yamaguchi - extra

In a 2 ash vaults 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 11 Blk/Row _____ Lot 157 Grave 2

Grave space & Care Fund B-4093 <1959> 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 1 o/c @ 199.00 199.-

Burial Container 2 @ 104.00 208.-

Handling Fees 2 @ 114.00 228.-

Flower vases - Marker setting fee 88.72 / 4362.88 540.32

Recording/Filing/Transfer Fees 2 @ 85.00 170.-

Sales taxes **PAID** 8.06 16.12

Total Due 1,361.44

Paid receipt number P-01172 1,361.44

Balance due 0

These are monument trusts

MAR 17 2008

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 _____

See Attached

Work Order # E 20673

Invoice # _____
Acct. # _____

E20673 17121

03/14/08

CITY OF SAN DIEGO - MT. HOPE CEMETERY

\$1,361.44

FUNERAL EXPENSE

INVOICE DATE/NO	GL ACCT	DESCRIP	DEPT LOC	AMOUNT
031408 40666	111.12	CONTRA CLIENT TRUS		1361.44
05379 1		MARY YAMAGUCHI TRUST-TRUST ADMINISTRATION		

E20673

E20673



INVOICE

Mount Hope Cemetery
A cemetery for all

DATE: DECEMBER 27, 2007

3751 Market Street, San Diego, CA 92102
Phone 619 527-3401 Fax 619 527-3403

TO

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Paulette Crawford	Clerical Assistant II	Itemized List	

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	First urn interment: Open/Closing, Ash Vault, Handling Fee, Recording Fee, Tax.		\$510.06
	Second urn interment: Ash Vault, Handling Fee, Recording Fee, Tax.		\$311.06
	Foundation and Border		\$362.88
	Two Galvanized Vases	\$88.72 each	\$177.44

SUBTOTAL	\$1,361.44
SALES TAX	
TOTAL	\$1,361.44

*Call Steve Huskett
619-231-3737 ext 102*

Daniel Yamaguchi 7, 11, 15, 7, 2
Make all checks payable to Mount Hope Cemetery

30x12 upright base

at Pre-need
SEHAIRS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/18/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carmen Cabrera Lucero 231475

in a DD #2 Type of Burial Container Funeral, date, time APR 1 TUE 10:00 AM

Church, Chapel, Graveside Humphrey 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 1070 Grave 1

Grave space & Care Fund C-8533

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.00

Burial Container _____

Handling Fees _____

Flower vases Marker setting fee 178-

Recording/Filing/Transfer Fees 65.00

Sales taxes _____

Interfund transfer Total Due 776.00

DP 3821536 Paid receipt number P-01175 776.00

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 authorizes the interment in lot I hold under deed.

Maria J. Agundez

231474
MARIA JULIETA AGUNDEZ
Print Name
2728 RHODES RD.
Address
SAN DIEGO CA 92139
City Zip Code
(619) 479-4461
Telephone

Work Order # E 20674

Invoice # _____
Acct. # _____



MT. HOPE CEMETERY- CITY OF SAN DIEGO DECLARATION OF RIGHT TO INTER

I declare under penalty of perjury:

1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in
Division 10 Section _____ Lot 1070 Grave 1

2. My legal authority to the above property is based on the following

facts: I Julie Agunday will, be using
have been given Lot 1070 from my aunt
Jonita + Antonio Echeverria. HAS been OK'ed
By Carmen Rodriguez (Mrs + Mrs. Echeverria's Daughter)
to be used By my Mother Carmen Cabrera Lucero

3. I have presented the following evidence to support the above facts.

I declare under penalty of perjury under the laws of the State of California that the statements before mentioned are true and correct.

Signed on March 18, 2008 in San Diego Cal.
(Date) (City)

Signature Maria J. Agundez Print Full Name MARIA JULIETA Agundez

To have deed sent to you, fill in your mailing address here:

Full Name Maria J. Agundez

Address 2728 RHODES Rd.

City, State & Zip Code San Diego Cal. 92139

4. **The Last Step:** To finish transfer of ownership, you must **EITHER:**

- (1) File this form with the Mt. Hope Cemetery Administrative Office; **OR**
- (2) Sign this form in front of a Notary Public and have the Notary fill in the notarization at the bottom of this page and mail to: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102.
- (3) Enclose a check or money order for (\$130) for Transfer fee (\$65) and Deed Re-issue (\$65). These monies will be returned if transfer not allowed.

5. **Notarization:** Use only if you do **NOT** file the declaration with Mt. Hope Staff

State of _____

County of _____

ss.

On this _____ day of _____ in the year _____, before me _____

personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument, and acknowledged that they executed it.

Notary Public

E20674

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Westmore, Paul G

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

Burial Container DD Crypt "B"

			X	JESS WESTMORE		

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Carmen Lucero

Interment Date: 4/1/2008 Time: 10am

Div: 10 Sect: _____ Blk/Row: _____ Lot: 1070 Grave: _____

Grave Laid out by: _____

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E20674
87

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

1A. NAME OF DECEDENT - FIRST (GIVEN) CARMEN	1B. MIDDLE CABRERA	1C. LAST (FAMILY) LUCERO	2. DATE OF BIRTH MONTH, DAY, YEAR 04/07/1920	3. DATE OF DEATH MONTH, DAY, YEAR 03/25/2008	4. SEX F
---	------------------------------	------------------------------------	---	---	--------------------

5A. CITY OF DEATH NATIONAL CITY	5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARIA JULIETA AGUNDEZ, DAUGHTER 2728 RHOADES ROAD SAN DIEGO, CA 92139
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HUMPHREY MORTUARY, 753 BROADWAY CHULA VISTA, CA 91910		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD964

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is in 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: *Kim Beaulieu* 8B. DATE SIGNED: **03/28/2008**

PERMIT <small>AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION</small>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/28/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S): **BU**

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST-SAN DIEGO, CA 92102	11B. DATE BURIED 4/1/08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E 20674

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

REQUEST FOR DIRECT PAYMENT

THE CITY OF SAN DIEGO

DP **3821536**

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

TRANSFER OF FUNDS FROM THE CEMETERY PRE-NEED TRUST FUND FOR THE
INTERMENT OF CARMEN LUCERO CABRERA. PRE-NEED/ATNEED ORDER E-20674.

ENCUMBRANCE DOCUMENT NUMBER

COMPLETE

RESPONSIBLE
DEPT. NO: **072**

SORT KEY
STANDARD DESCRIPTION (15 CHARACTERS)

PAYMENT DATE **04 / 01 / 09** FUND OVERRIDE

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYEE	SE	PAYEE FORMAT	VENDOR NUMBER & ALPHA NAME ADDRESS CITY - STATE - ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAY- MENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
				Interfund Transfer				-0-		

TOTAL AMOUNT \$ **-0-**

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

ACTING LINE	CY PY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
		100			77181					(533.00)
		100			77183					(243.00)
		63033	63033		4226					776.00

AUTHORITY FOR PAYMENT

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

Maria Flor Popoca

DEPT. HEAD OR DESIGNEE
PURCHASING APPROVAL

AGENT
AUDITOR APPROVAL

PREPARED BY **Paulette Crawford** 619-527-3400 03/20/2009

DEPT. / DIV. NAME **Park/Rec-CPI**

M.S. **072**
#

DP

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3/18/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Darlene Archbell 231477

in a Liner Type of Burial Container Funeral, date, time Thurs, March 20 @ 10:30

Church, Chapel, Graveside : 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 MAS Section C Blk/Row _____ Lot 5 Grave 8
Grave space & Care Fund 2,264.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.00

Burial Container 270.00

Handling Fees 206.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 65.00

Sales taxes 20.93

Total Due 3,358.93

Paid receipt number R-60766 3,358.93

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 held under deed.

Signature [Signature]

231476
David L. Archbell
Print Name
1470 Bridgeview Dr.
Address
San Diego 92105
City Zip Code
(619) 795-9685
Telephone

Work Order # E 20675

Invoice # _____
Acct. # _____

E20675 N

W + E

MOUNT HOPE CEMETERY

3

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Liner

		DAVIS DAE NONE				
			X			ESCIBER ERUEIT
				TEBOW FRANK		
		PAULINE ELIAS				

Flagged

Yes _____

No _____

Blind check Initiated by: _____

Date: _____

Interment space for: Darlene ArchibellInterment Date: 3/20/2008Time: 10:30Div: MASSect: C

Blk/Row: _____

Lot: 5Grave: 8Grave Laid out by: MEN & JUAN

Agrees with Legal Card:

Yes No

Agrees with Map:

Yes No Blind Check & Verified By: NormanDate 3-19-08

Cremains were placed at: _____

of grave

E 20675

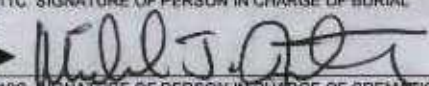
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEASED - FIRST (GIVEN) DARLENE	1B. MIDDLE GRACE	1C. LAST (FAMILY) ARCHBELL	2. DATE OF BIRTH MONTH, DAY, YEAR 05/18/1936	3. DATE OF DEATH MONTH, DAY, YEAR 03/13/2008	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DAVID ARCHBELL, SON 1470 BRIDGEVIEW DRIVE SAN DIEGO, CA 92105		
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 comm. 		8B. DATE SIGNED 03/18/08
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed aforesaid 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA		9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/18/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
--	------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO CA 92102	11B. DATE BURIED 3-20-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At need

Date 3/19/08

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

of Clarence Lewellyn Smith Pin: 219173

in a DDCruet "B" Funeral, date, time Monday March 24 12:00

Church, Chapel, Graveside Clairemont Mortuary Dorothy

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 1588 Grave 1(b)

Grave space & Care Fund 06613/20540 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 _____

NAVY

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

Work Order # E 20676

Acct. # _____

See Attached

E 20676

MT. HOPE CEMETERY
INTERMENT ORDER

pre-need
trust

City of San Diego

Date 12/31/07

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

of for Clarence L. Smith 219173

in a Double-Depth "B" 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 1588 Grave 1

Grave space & Care Fund E-14997 / C-6613 0

Overtime/Late Arrival Fees _____ —

Opening/Closing & Setup _____ 708.00

Burial Container _____ —

Handling Fees _____ —

Flower vases - Marker setting fee _____ —

Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY 85.00

Sales taxes _____ —

PAID
DEC 31 2007

Total Due \$ 793.00

Paid receipt number P-01086 \$ 793.00

Balance due 0

I hereby certify I am the Richard L. Smith of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 " Son "

Richard L. Smith
First Name

7715 LATITUDE LN
Address

X CARLSBAD 92001
City Zip Code

760-931-6969
Telephone

Invoice # _____

Work Order # E 20540

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

At need

City of San Diego

Date 3/19/08

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

of Clarence Lewellyn Smith

in a 1 Funeral, date, time Monday March 24 2:00

Church, Chapel, Graveside Clairemont Dorothy
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 1588 Grave 1(b)

Grave space & Care Fund C6613/20540 ⊗

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 _____ held under deed.

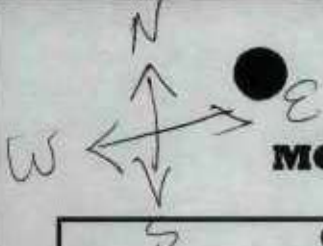
Signature

Richard Smith
First Name
151 Latitude Ln
Address
Carlsbad, CA 92011
City
760 445-9049
Telephone

Work Order # E 20676

Invoice # _____

Acct. # _____



MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Thomas E. Smith

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

Burial Container DD Crypt "B"

		Riles	Scott	Ragsdale		
		Prewitt	X	Arletta Smith		
			McStrom			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Clarence Lewellyn Smith

Interment Date: 3/24/2008 Time: 12:00

Div: 10 Sect: _____ Blk/Row: _____ Lot: 1588 Grave: 1

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Norman Date 3-21-08

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 20676

91

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

1A. NAME OF DECEDENT - FIRST (GIVEN) CLARENCE	1B. MIDDLE LLEWELLYN	1C. LAST (FAMILY) SMITH	2. DATE OF BIRTH MONTH DAY YEAR 05/15/1916	3. DATE OF DEATH MONTH DAY YEAR 03/18/2008	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RICHARD SMITH, SON 7151 LATITUDE LANE CARLSBAD, CA 92011	
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		8B. DATE SIGNED 03/21/2008
ACKNOWLEDGEMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed 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>Richard Smith</i>		

PERMIT <small>AUTHORIZATION OF LOCAL REGISTRAR</small> <small>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION</small>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 03/21/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
--	-------------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3/24/08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E20676

CASE #

CONTRACT # 461701

BATCH #

List Visitation Y or N
Symbol Full

ARRANGEMENTS

MORT COUN Dorothy Castillo/
Christina Hernandez

Strip

Call Secured
Mortuary Contract #
Cemetery Contract #

FSC COUN
Arr. Date Time
Clairemont Mortuary 4617

Other

~~LLEWELLYN~~

1. NAME OF DECEDENT - FIRST (GIVEN) CLARENCE		2. MIDDLE LLEWELLYN		3. LAST (FAMILY) SMITH				
4. AKA, ALSO KNOWN AS - include Full AKA (First, Middle, Last)			4. DATE OF BIRTH MM/DD/YYYY 05/15/1916		5. AGE YRS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOUR HOURS MINUTES	6. SEX M
8. STATE OF BIRTH Indiana	10. SOCIAL SECURITY NO. 563201880	11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			12. MARITAL STATUS DIVORCED		7. DATE OF DEATH	4 HOUR
13. EDUCATION - Highest Level Some college		14. IS SPANISH/SPANIC/LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE - UP TO 3 BACKS (SEE WORKSHEET) Cauc.				
17. USUAL OCCUPATION Engineer		18. KIND OF BUSINESS Aero			19. YEARS IN OCCUPATION 42			
20. RESIDENCE STREET AND NUMBER OR LOCATION 12505 ROYAL RD.								
21. CITY El Cajon		22. COUNTY San Diego		23. ZIP 92021	24. YRS IN COUNTY 71	25. STATE OR FOREIGN COUNTRY CA		
26. INFORMANT'S NAME/RELATIONSHIP RICHARD SMITH - SON				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 7151 LATITUDE LN, CARLSBAD, CA 92011				
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)				
31. NAME OF FATHER - FIRST JACOB		32. MIDDLE CLARENCE		33. LAST SMITH		34. BIRTH STATE Indiana		
35. NAME OF MOTHER - FIRST ESTHER		36. MIDDLE GENE		37. LAST (MAIDEN) HALL		38. BIRTH STATE Indiana		
NO. CC'S 6 TO: please call				HOLD FOR INS		INFORMANT TEL # IF 760)9316969		
101. PLACE OF DEATH AND ADDRESS						INFORMANT TEL # cell: 760)445 90 49		
DATE OF SERVICE 3/24/08	DAY Mon	TIME 12:00	PLACE & ADDRESS GRAVESIDE Mt Hope					
DATE OF SERVICE	DAY	TIME	PLACE & ADDRESS					
INTERMENT <input checked="" type="checkbox"/>	ENTOMBMENT <input type="checkbox"/>	CREMATION <input type="checkbox"/>	SHIPMENT <input type="checkbox"/>	URN	ARR BY			
PLACE Mt. Hope Cemetery			CHURCH OR DENOMINATION		CHECK REQ	TEL	ARR BY	
SPECIAL INSTRUCTIONS * WOULD LIKE MILITARY HONORS & FLAG								
ORGANIST		ARR BY		SOLOIST		ARR BY		
SELECTIONS				SELECTIONS				
No	LIMO AT	TIME	DATE	PHONE				
No	LIMO AT	TIME	DATE	PHONE				
ADMINISTRATION		PREP ROOM Emb - yes	VISITATION YES NO	OPEN OR CLOSED	DIRECTORS AT SERVICE yes			
MEM TYPE		HAIR	DAY	READY BY				
PRAYER		COSMETICS	TIME	CONCLUDES AT Mt. Hope				
PRAYER CARDS		#	PUBLIC OR PRIVATE	OPEN - CLOSED - OTHER				
PRAYER		#	READY TIME	FAMILY ROOM	Y OR N			
BOOK TYPE		CASKET Saturn Blue	FLAG	JEWELRY RETURN				
ACK CARDS		#	CASKET # CMS2018cm	SPECIAL SET UP	MOTOR KNIGHTS			
VA PKG (COMPLETE)		#	CLOTHING Will bring		P.D.'S BY CM Staff			
FLAG APPLICATION					MILITARY DETAIL			
FLOWERS by family		ORDER BY:		PS INVOICE #				
OTHER NOTE								
RELATIVES:								

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*Non-Res.
At Need*

Date 03/17/08

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

of Donald R. White 231513 10:00

in a IS Vault of funeral container. General, date, time Friday March 28th

Church, Chapel, Graveside Clairemont 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 981 Grave 1

Grave space & Care Fund	<u>3,011.00</u>
Overtime/Late Arrival Fees	
Opening/Closing & Setup	<u>708.00</u>
Burial Container	<u>472.00</u>
Handling Fees	<u>350.00</u>
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	<u>85.00</u>
Sales taxes	<u>36.50</u>

PAID
MAR 28 2008

MOUNT HOPE CEMETERY

*fax
858 279-2244*

Total Due 4,662.58
Paid receipt number R-60791 4,662.58

Balance due 0

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

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

Signature _____

231512
First Name _____
Address _____
City _____ Zip Code _____
Telephone _____

See attached

Work Order # E 20677

Invoice # _____
Acct. # _____

JP RCVD

MAR 27 2008

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Non-Res.
At Need

Date 03/17/08

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

of Donald R. White
in a Top Seal Vault Funeral date, time Friday March 28th
Church, Chapel, Graveside Claremont 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>10</u>	Section <u>~</u>	Blk/Row <u>~</u>	Lot <u>981</u>	Grave <u>1</u>	
Grave space & Care Fund					<u>3017.00</u>
Overtime/Late Arrival Fees					
Opening/Closing & Setup					<u>708.00</u>
Burial Container					<u>472.00</u>
Handling Fees					<u>350.00</u>
Flower vases - Marker setting fee					
Recording/Filing/Transfer Fees					<u>85.00</u>
Sales taxes					<u>36.58</u>
	Total Due				<u>4,662.58</u>
fax <u>858 279-2244</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 _____ and under dead.

X Gloria D. Crockett

Gloria D. Crockett
1344 Oakdale Ave Apt 3
Escondido, CA - 92021
(619) 590-0411

Work Order # E 20677

Invoice # _____
Acct # _____

REA-104 (3-94)

victims of crime This information is available in alternative formats upon request.

E 206 77



THE CITY OF SAN DIEGO

Victims of Crime Fund
Hall of Justice
330 W. Broadway
San Diego, CA 92101

MARCH 24, 2008

RE: Emergency Processing of Immediate Payment

Dear Sir or Madam:

This letter is to request an emergency processing of an immediate payment from the Victims of Crime Fund. Mt. Hope Cemetery is the municipal Cemetery for the City of San Diego and our policies do not allow service to be initiated until they are paid in full. The current policy requires a 48-hour advance payment to properly ensure gravesite preparation.

Your cooperation is greatly appreciated and together we hope to continue to help those affected by crime in our community.

Name of Deceased: Donald R. White

\$4,662.58

Amount: _____

Sincerely,

M. David Lugo
Cemetery Manager



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 20677



THE CITY OF SAN DIEGO

PARK & RECREATION
MOUNT HOPE CEMETERY
3751 MARKET STREET, MS #32
SAN DIEGO, CA 92102
619-527-3400

FAX TRANSMITTAL

Date: 3/24/2008

The following 7 total pages (including this cover page) are intended for:

To: <u>Aiana</u>	From: <u>Paulette</u>
Company: <u>Victims of Crime</u>	Title: <u>CATL</u>
Fax #: <u>619-525-8433</u>	Fax #: <u>6195273403</u>
Phone #: _____	Phone #: _____

Subject: Donald R. White

Comments: See Attachments

If there are any problems with receiving this FAX transmission (such as missing pages), please contact the Sender at the "From" phone number given above.

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW, RECEIPT BY AN UNINTENDED RECIPIENT DOES NOT CONSTITUTE A WAIVER OF ANY APPLICABLE PRIVILEGE.

If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via the U.S. Postal Service.

E 20677

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific instructions on page 2.

Name (as shown on your income tax return)
CITY OF SAN DIEGO

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶

Other (see instructions) ▶ **Government Municipality**

Exempt payee

Address (number, street, and apt. or suite no.)
202 C STREET

City, state, and ZIP code
SAN DIEGO, CA 92101

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number	
or	
Employer identification number	
95	6000776

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person *Paulette Awjod* Date ▶ *3/24/2008*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

E20677

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner Top Seal

		Smith	Smith	Rogers		
	M.C. Intire	Butler	X			
	Pedroso					

Flagged Yes No

Blind check Initiated by: Paulette Date: 3/19

Interment space for: Donald R. White

Interment Date: 3/28/08 Time: _____

Div: 10 Sect: _____ Blk/Row: _____ Lot: 981 Grave: 1

Grave Laid out by: KEN & NORMAN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date: _____

Remains were placed at: _____ of grave

E20677

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

28

1A. NAME OF DECEDENT - FIRST (GIVEN) DONALD	1B. MIDDLE RAY	1C. LAST (FAMILY) WHITE	2. DATE OF BIRTH MONTH, DAY, YEAR 01/12/1980	3. DATE OF DEATH MONTH, DAY, YEAR 03/17/2008	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT GLORIA D. CROCKETT, MOTHER 1344 OAKDALE AVENUE APT 3 EL CAJON, CA 92021	
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		8. DATE SIGNED 03/25/2008
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			9A. SIGNATURE OF APPLICANT - Person taking permit <i>Nick M.</i>		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 03/25/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	8E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S):
BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3/28/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Callias</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5/19/08

At need

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

of Rosetta Simmons 230810

in a DDCRYPT B Funeral, date, time Monday Mar. 24 ^{12:00}

Church, Chapel, Graveside WMS 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 12 Section 2 Blk/Row ~ Lot 137 Grave 9

Grave space & Care Fund E-20187

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee AP 009362

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due _____

Paid receipt number N/A

Balance due _____

paid 4/16/2007

*No interment
transfer monies
deposited into
general fund*

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

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

Signature _____

N.R.

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 20678

See attached

E20678

60045

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

WHITE TO CUSTOMER
CANARY CEMETERY



Date: April 16, 2007

From: Ernest Simmons Address: 6750 Hill edge rd #315120
Four Thousand Four Hundred Ninety-Four - Dollars (\$ 4,494.77)
in full Payment of Interment of Ernest Simmons / Pre-need D/C by providing for Roseetta Simmons.
Div 12 Sec _____ Blk/Row 2 Lot 137 Grave _____

Invoice No. F-20187

Acct. No. _____

W.O. 2

BALANCE DUE _____

Money Order
 Charge
 Check 579

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

PAID

APR 16 2007

MOUNT HOPE CEMETERY

Paulette C.

ISSUED BY

67007 CREDIT	452.80
20% Sales Care	18.11
50% Sales	20.20
of Lots	77184
Opening/	77181
Closing	539.-
Burial	100
Containers	77182
	45.-
	130.-
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Sales Tax	60101
	78390
TOTAL PAID	4494.77

AG-212A (11-05)
This information is available in alternative formats upon request.

MT-HOPE CEMETERY INTERMENT ORDER

City of San Diego

At Need
Lot/Trust

12 chairs

Date 04/16/07

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

of Ernest Simmons 230811

In a Double-Death-Cover A Funeral, date, time Thursday April 19 11

Church, Chapel Graveside : S.D. 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 2 Lot 137 Grave 9

Grave space & Care Fund **PAID** 2264.-

Overtime/Late Arrival Fees 0

Opening/Closing & Setup... 2 x 533 = APR 16 2007 1066.-

Burial Container..... 539.-

Handling Fees..... MOUNT HOPE CEMETERY 454.-

Flower vases - Marker setting fee..... 130.-

Recording/Filing/Transfer Fees... 2 x 65 = 41.77

Sales taxes..... 41.77

Total Due 4494.77
Paid receipt number R-60045 4,494.77

Balance due 0

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

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

Roseetta Simmons
Signature

230810
x Roseetta Simmons
P.O. Box 6784 Park Rose Blvd
Address San Diego CA 92120
City San Diego Zip Code 92120
Telephone x-619 269-1601

paulette

Work Order # E 20187

Invoice # _____

Acct. # _____

E20678



MOUNT HOPE CEMETERY

3 GRAVE BLIND CHECK FORM

IN GRAVE WITH Ernest Simmons

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

Burial Container DD Crypt "B"

			Mary Barker		
		Sing Suetka	X	Grace Carter	
			(Sketch of a heart)	Patricia Hill	

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Rosetta Simmons

Interment Date: 3/24/2008 Time: 12:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 137 Grave: 9

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E 20678

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

13

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

1A. NAME OF DECEDENT - FIRST (GIVEN) ROSETTA	1B. MIDDLE -	1C. LAST (FAMILY) SIMMONS	2. DATE OF BIRTH MONTH, DAY, YEAR 05/27/1934	3. DATE OF DEATH MONTH, DAY, YEAR 03/17/2008	4. SEX F
---	-----------------	------------------------------	--	--	-------------

5A. CITY OF DEATH WINCHESTER	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE RIVERSIDE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RENEE HUGGINS, DAUGHTER 34325 NORTH HAVEN ROAD WINCHESTER, CA 92596
---------------------------------	---	---

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH WILLIAMS SAN DIEGO MEMORIAL CHAPEL, 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1575	8A. SIGNATURE OF APPLICANT - Permitting agent <i>Shirley Williams</i>	8B. DATE SIGNED 03/24/2008
---	--	--	-------------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/24/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ERIC K. FRYKMAN, M.D.
---	--	---------------------------------	--------------------------------------	--

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA RIVERSIDE HEALTH DEPARTMENT 4065 COUNTY CIRCLE DR RIVERSIDE, CA 92503	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110
---	---

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST, S. D, CA 92102	11B. DATE BURIED 3/24/08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

E 20679

not included
in this Spindle

E 20600 - E 20699

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-20-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DONNELL ERIC DAVIS JR. 231500

in a TS Type of Burial Container Funeral, date, time 3-27 THUR 11:00
 Church, Chapel, Graveside _____; RAVENSDALE 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 74 Grave 5

Grave space & Care Fund 2760.00

Overtime/Late Arrival Fees ~~533.00~~

Opening/Closing & Setup 533.00

Burial Container 355.00

Handling Fees 763.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 65.00

Sales taxes 27.51

PAID
MAR 25 2008

MOUNT HOPE CEMETERY

Total Due 3507.51

Paid receipt number R-60770 3,507.51

Balance due 0

I hereby certify I am the SON Donnell Davis of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 231499

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

[Signature]
 Signature

Donnell Davis
 Print Name

6339 Thorn
 Address

S.D. CA. 92115
 City Zip Code

619-778-1343
 Telephone

Work Order # E 20680

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

61213

Date: October 6, 20 08

From: James Williams Address: on Aie
Gross Sixty-five and 11/00 Dollars (\$ 65.71)

in full Payment of Ground trion vase for Dornell Davis
Div 12 Sec 1 Blk/Row _____ Lot 74 Grave 5

Invoice No. E-20680

Acct. No. _____

W.O. _____

BALANCE DUE 0

Money Order

Charge AP014190

Check 11/56

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

PAID

OCT 6 2008

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	<u>28.60</u>
Recording &	100	
Misc. Fees	77183	<u>35.00</u>
Sales Tax	60101	<u>2.71</u>
	78390	
TOTAL PAID	\$	<u>65.71</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK FILE

232615

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

in notes

61932

Date: 9-21, 2009

From: Anthony Johnson Address: _____

On characters, seventy-eight Dollars (\$ 178.00)

in full Payment of Donnell Davis Jr. Setting fee.

Div 12 Sec 1 Blk/Row _____ Lot 74 Grave 5

Invoice No. E 20680

Acct. No. _____

W.O. _____

BALANCE DUE 0

- Money Order
- Charge Visa AC
- Check

75251

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

PAID
 SEP 21 2009

MOUNT HOPE CEMETERY

ISSUED BY Paula C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Bural	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	<u>178.00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>178.00</u>

E 20680

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) DONNELL	1B. MIDDLE ERIC	1C. LAST (FAMILY) DAVIS JR.	2. DATE OF BIRTH MONTH, DAY, YEAR 12/16/1992	3. DATE OF DEATH MONTH, DAY, YEAR 03/16/2008	4. SEX M
--	---------------------------	---------------------------------------	---	---	--------------------

5A. CITY OF DEATH BONITA	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KESHIA DAVIS, MOTHER 3984 60TH STREET #35 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 FD1329
--	---

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

Signature: *Srennika Prasad* Date: **3/20/08**

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/20/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
--	---	--	---	--

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
--	---

10. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3/27/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Herbert Callaway</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

PREPARED
ED FEATHERHILL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-20-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAVID M DOLAN 231536

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

Church, Chapel, Graveside _____ : FEATHERHILL 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 79 Grave 3

Grave space & Care Fund _____ 2264.

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 533.

Burial Container _____ 270.

Handling Fees _____ 206

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 65

Sales taxes _____ 2093

Total Due _____ 3358.93

Paid receipt number RL077 3358.93

CHK #221

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.

David Dolan
Signature

DAVE DOLAN
Print Name
 9335 VAN ARDEL WAY
Address
 SANTEE 92071
City Zip Code
 619-448-6503
Telephone

Work Order # E 20681

Invoice # _____

Acct. # _____

E20481

City of San Diego



MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 3/20/08	From: Tom
To: Ed	Telephone #: (619) 527-3400
Telephone #: 619-667-4530	Fax #: (619) 527-3403
Fax # 619-667-4532	Pages (including this cover sheet):
Subject: Information to be filled in by Mortuary	2

Mt. Hope must receive confirmation of the date, time and/or payment for burial services within 48* hours of receiving this fax or burial will not be scheduled.

Date and time faxed to Mortuary: 3/8/08 12:30	
Burial fee amount due: \$3358.93	
Burial service fee for:	
Date and time of burial service:	
Due date* of burial fee to Mt Hope Cemetery:	
Prepared by: Tom	
Signature:	
Mortuary Approval (print name):	
Signature:	
Date faxed back to Mt. Hope Cemetery:	
Comments:	
DAVE will be in when he gets back from vacation to pick a grave.	
Thanks Ed	

E20681

Reisen

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-20-08

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

of Edward V. Dolan

in a liner? Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

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

will be applied and billed to undersigned: _____

Division _____ Section _____ Bk/Row _____ Lot _____ Grave _____

Grave space & Care Fund _____ 2264.

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 533.

Burial Container _____ 270.

Handling Fees _____ 206

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees _____ 65

Sales taxes _____ 2093

Total Due 3358.3

Paid receipt number _____

Balance due _____

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

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

X _____
Signature

x Edward V. Dolan
First Name
x 3955 Park Ave #411
Address
x San Diego, CA 92112
City State Code
x 619 562-2085
Telephone

This is DAVE'S #

Invoice # _____

Work Order # E 20681

Acct. # _____

REA 104 (3-04)

This information is available in alternative formats upon request.

© 2004 mt.hope.org

*His nephew is taking care of things for him.
mail ALL papers to nephew:*

DAVE DOLAN - Nephew
9335 VAN ANDEL WAY
SANTREE, CA 92071
619 562-2084

TRANSMISSION REPORT

(THU) MAR 20 2008 12:20

User /Account :
DESTINATION : 96674532
DEST. NUMBER : 96674532

DOCUMENT# : 7500000-719
TIME STORED : MAR 20 12:18
TX START : MAR 20 12:18
DURATION : 1min. 32sec
CON. MODE : ECM

F-CODE :

PAGES : 2page
RESULT : OK

City of San Diego



MT. HOPE CEMETERY

FAX TRANSMISSION

Date:	3/20/08	From:	Tom
To:	Ed	Telephone #:	(619) 527-3400
Telephone #:	619-667-4530	Fax #:	(619) 527-3403
Fax #	619-667-4532	Pages (including this cover sheet):	
Subject:	Information to be filled in by Mortuary		2

E 20681

E20681

City of San Diego



MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 3/20/08	From: Tom
To: Ed	Telephone #: (619) 527-3400
Telephone #: 619-667-4530	Fax #: (619) 527-3403
Fax #: 619-667-4532	Pages (including this cover sheet):
Subject: Information to be filled in by Mortuary	2

Mt. Hope must receive confirmation of the date, time and/or payment for burial services within 48* hours of receiving this fax or burial will not be scheduled.

Date and time faxed to Mortuary: 3/8/08 12:30	
Burial fee amount due: \$3358.93	
Burial service fee for:	
Date and time of burial service:	
Due date* of burial fee to Mt Hope Cemetery:	
Prepared by: Tom	
Signature:	
Mortuary Approval (print name):	
Signature:	
Date faxed back to Mt. Hope Cemetery:	
Comments:	

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3/20/08

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

of Betty C Sivars 218972

in a DDcrypt Funeral, date, time Wed, Mar 26 @ 10

Church, Chapel, Graveside _____; Neptune 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 353 Grave 1 (b)

Grave space & Care Fund D-644 ⊖

Overtime/Late Arrival Fees _____

Opening/Closing & Setup Disinterment E-20683 ⊖

Burial Container DDcrypt 539.00

Handling Fees PAID 454.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fee MAR 20 2008 65.00

Sales taxes _____ 41.77

MOUNT HOPE CEMETERY

Total Due 1,099.77

Paid receipt number R-60774 1,099.77

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.

Jan Luis
Signature

Jon Sivars 231498
Print Name
11463 Scripps Creek Dr
Address
San Diego, CA 92151
City Zip Code
619-487-9096
Telephone

Work Order # E 20682

Invoice # _____
Acct. # _____

ORDER

E20682
MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-30 1971

CHARGE Betty C. SiversADDRESS 3221 Canon St. S.D. 92106NAME OF DECEASED William Donald SiversOWNER above 223-6589

ADDRESS _____

MORTUARY Bonham BrosLOT 353 GR _____ ROW _____ SEC 1 ^{BLK} 8 ^{DIV} 20000OPENING TIME 10:30 DAY DATE 8-2-71 ^{Mon} 11000VAULT Parklawn SIZE #5REMOVAL OR FOUNDATION VET Marker Inst. 3000TOTAL \$ 34000

PAID RECEIPT NUMBER _____

BALANCE _____

12' X 24' Flush marker only30 day note - Res 354 to 11-1-71DetailMound on west side

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.

I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED Betty C. Sivers ORDER
IN PERSON Betty C. Sivers TAKEN BY K. Melch
PHONE BY _____W.O. NO. D 00644 INVOICE NO. 8658

E20682

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

William Sivers

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

Burial Container

DD Crypt

			X			

Flagged

Yes



No

Blind check Initiated by:

Date:

Interment space for:

Betty C. Sivers

Interment Date:

3/26/2008

Time:

10am

Div:

8

Sect:

1

Blk/Row:

Lot:

353

Grave:

1

Grave Laid out by:

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Date

Cremains were placed at:

of grave

AT NGBD

E20682

MOUNT HOPE CEMETERY INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 3-19 2:00PM

CALL TAKEN BY: Tom

RECEIVED CALL FROM:

MORTUARY NAME: Allen NEPTUNE SOCIETY

FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: son

TELEPHONE NO: _____

NAME OF DECEASED: 170066 D000044

LAST NAME: SIVERS, WILLIAM DONALD

FIRST NAME: _____

DOD: _____ DOB: _____

VETERAN BRANCH OF SERVICE: _____

REGULAR SIZE CASKET OVERSIZE CHILD

FUNERAL SERVICE

TYPE OF SERVICE: CHURCH CHAPEL GRAVESIDE

LOCATION OF SERVICE: _____

DATE OF SERVICE: _____ TIME OF SERVICE: _____

EXPECTED ARRIVAL TIME AT MT. HOME: _____

CEMETERY PROPERTY: A/N P/N P/N TRUST

DIV: 8 SECT: 1 BLK/ROW: _____ LOT: 352 GRAVE: 1

SINGLE GRAVE CREMATION

DBL DEPTH 1st BURIAL 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE COMMITTAL GRAVESIDE

WITNESS ONLY DELIVERY ONLY

P/A DELIVERY MILITARY DETAIL

SPECIAL INSTRUCTIONS: _____

E20682

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

81

1A. NAME OF DECEDENT - FIRST (GIVEN) BETTY	1B. MIDDLE CARTWRIGHT	1C. LAST (FAMILY) SIVERS	2. DATE OF BIRTH MONTH, DAY, YEAR 01/01/1921	3. DATE OF DEATH MONTH, DAY, YEAR 03/18/2008	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 JON B SIVERS, SON 11463 SCRIPPS CREEK DRIVE SAN DIEGO, CA 92131
--------------------------------	---	--

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY OF SAN DIEGO, 14065 OLD HWY #80 PO BX 2308 EL CAJON, CA 92021	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1352	8A. SIGNATURE OF APPLICANT - Person taking permit <i>[Signature]</i>	8B. DATE SIGNED 03/26/2008
---	---	---	-------------------------------

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 03/26/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
--------	---	-----------------------------------	--------------------------------------	---

AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
---	--	---

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3-26-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.8, 7116, 7117, AND 103080.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

Disinterment

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/20/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Donald Silvers 170066

in a _____ Funeral, date, time Tues, Mar 25 @ 10

Church, Chapel, Graveside _____ : Neptune 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. No. _____ Lot 353 Grave 1

PAID

Grave space & Care Fund _____

MAR 20 2008

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

MOUNT HOPE CEMETERY

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees Disinterment _____ 1,419.00

Sales taxes _____

Total Due 1,419.00

Paid receipt number R-60714 1,419.00

Balance due 0

Neptune will be here @ 10am

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 Jon Silvers

Res.

Print Name Jon Silvers
Address 11463 Scripps Creek Dr
San Diego 92131
City 619-987-9096 Zip Code
Telephone

Work Order # E 20683

Invoice # _____
Acct. # _____

Office

E20683

MOUNT HOPE CEMETERY

Marker on site

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Roots

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

Burial Container

DD Crypt

			Geo Danzak	M. Danzak		
	Wm Bradley		X	Anna Goss		
			Ch. Howard Priest			

Flagged

Yes



No

Blind check Initiated by:

Date:

Interment space for:

Disinterment Siverson, Wm.

Interment Date:

3/25/08

Time:

Div:

8

Sect:

1

Blk/Row:

Lot:

353

Grave:

1

Grave Laid out by:

KEN & JUAN

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

DAVID N.

Date

3-24-08

Remains were placed at:

_____ of grave

E20683

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 3/19/08

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

of Betty Rutledge 231492

in a Liner Funeral, date, time Mon. Mar. 24, 1:00

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 12 Section 2 Blk/Row _____ Lot 223 Grave 8

Grave space & Care Fund PAID 2264.-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup MAR 19 2008 533.-

Burial Container _____ 270.-

Handling Fees MOUNT HOPE CEMETERY 206.-

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 65.-

Sales taxes 20.93

Total Due 3,358.93

Paid receipt number R- 60768 3,358.93

Balance due 0

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

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

Tyisha Raley
Signature

Tyisha Raley 231491
Print Name
1250 Patton St. #364
Address
El Cajon 92020
City Zip Code
619-212-0240
Telephone

Work Order # E 20679

Invoice # _____
Acct. # _____

E20683

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

			Smith			
			X		Mayer Burns	
			Bailey	Thompson		

Flagged Yes No

Blind check Initiated by: Ruelle Date: 3/20

Interment space for: Betty Rutledge

Interment Date: 3/24/08 Time: 1:00

Div: 12 Sect: 2 Blk/Row: Lot: 223 Grave: 8

Grave Laid out by:

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Norm 3-21-08 Date: 3-27-08

Remains were placed at: of grave

E20683

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

72

1A. NAME OF DECEDENT - FIRST (GIVEN) BETTY	1B. MIDDLE JEAN	1C. LAST (FAMILY) RUTLEDGE	2. DATE OF BIRTH MONTH, DAY, YEAR 02/04/1936	3. DATE OF DEATH MONTH, DAY, YEAR 03/17/2008	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 CORNELIUS RUTLEDGE, HUSBAND 7146 PETER PAN AVENUE SAN DIEGO, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PREFERRED CREMATION AND BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1746	8A. SIGNATURE OF APPLICANT - Person taking permit <i>[Signature]</i>		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that the proposal 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 3-20-08			

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 03/20/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S): **BURIAL**

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102S	11B. DATE BURIED 3/24/08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V58a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3-20-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Brandon Nicholas Johnson 231502

in a TS Type of Burial Container Funeral, date, time 3-22 Thurs 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 1 Blk/Row _____ Lot 74 Grave 6

Grave space & Care Fund 2264.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.00

Burial Container 355.00

Handling Fees 263.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 65.00

Sales taxes 27.51

Total Due 3507.51

Paid receipt number R-60785 350751

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.
Chau Jh
Signature

Charmaine Johnson
Print Name
3545 Grove St #126
Address
Lemon Grove 91945
City
619-884-7563 Zip Code
Telephone

Work Order # E 20684

Invoice # _____
Acct. # _____

E 20684

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ⊙

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

Burial Container TS VAULT

			X			

Flagged Yes No

Blind check Initiated by: Date:

Interment space for: Brandon Nicholas Johnson

Interment Date: 3/27/08 Time: 11:00

Div: 12 Sect: 1 Blk/Row: Lot: 74 Grave: 6

Grave Laid out by: KEN JUAN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Norman Date 3-26-08

Cremains were placed at: of grave

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
'AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61212

Date: OCTOBER 6, 2008

From: James Williams Address: On file
Sixty-five and 7400 Dollars (\$ 65.71)

in full Payment of Ground trion vase for Brandon Johnson
Div 12 Sec 1 Blk/Row _____ Lot 74 Grave 6

Invoice No. E-20684

Acct. No. _____

W.O. _____

BALANCE DUE 0

- Money Order
- Charge AP 0141 90
- Check

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

PAID

OCT 6 2008

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		<u>28.00</u>
Recording &	100		
Misc. Fees	77183		<u>35.00</u>
Sales Tax	60101		<u>2.71</u>
	78390		
TOTAL PAID	\$		<u>65.71</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK FILE

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

m nexus
61931

Date: 9-21, 2009

From: Anthony Johnson Address: _____

one hundred twenty-eight Dollars (\$ 178-)

in full Payment of Brandon Nicholas Johnson selling fee.

Div 13 Sec 1 Blk/Row _____ Lot 74 Grave 6

Invoice No. E-20684

Acct. No. _____

W.O. _____

BALANCE DUE 0

- Money Order
- Charge
- Check

Visa AC
702313

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

PAID

SEP 21 2009

MOUNT HOPE CEMETERY

ISSUED BY PC

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	<u>178-</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>178-</u>

E 20684

16

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (given) BRANDON	1B. MIDDLE NICHOLAS	1C. LAST (FAMILY) JOHNSON	2. DATE OF BIRTH MONTH, DAY, YEAR 08/08/1991	3. DATE OF DEATH MONTH, DAY, YEAR 03/16/2008	4. SEX M
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5A. CITY OF DEATH BONITA	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CHARMAINE JOHNSON, MOTHER 3545 GROVE STREET #126 LEMON GROVE, CA 91945
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329	8A. SIGNATURE OF APPLICANT <i>Siennika P... 2/23/08</i>	8B. DATE SIGNED 2/23/08
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/20/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --
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10. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3/27/08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7064.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

ASSIGNED

MT. HOPE GEMETERY INTERMENT ORDER

City of San Diego

Date 3-21-06

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

in a _____ Funeral, date, time 3-29-08 SAT

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 2 Block/Row _____ Lot 154 Grave 4

Grave space & Care Fund 3011.00

Overtime/Late Arrival Fees 851.00

Opening/Closing & Setup 708.00

Burial Container 359.00

Handling Fees 275.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 85.00

Sales taxes 27.82

Total Due. PL080 5317.09

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.

LAUREN S. YOUNG
Print Name
 3180 N. LAKE SHORE DR #13D
Address
 CHICAGO IL 60657
City Zip Code
 773-244-9914
Telephone

Signature [Handwritten Signature]

Invoice # _____

Work Order # E 20685

Acct. # _____

At Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/24/2008

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

of Ronald W. Peoples 231506
in a Double-Crypt "A" Funeral, date, time Friday 28, March

Church Chapel Graveside Rogersdale Mortuary 10.00

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 11 Section 1 Blk/Row --- Lot 140 Grave 8

Grave space & Care Fund 2264.-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.-

Burial Container 539.-

Handling Fees 454.-

Flower vases Marker setting fee 178.-

Recording/Filing/Transfer Fees 65.-

Sales taxes 41.77

PAID
MAR 24 2008

Total Due 4074.77

Paid receipt number R60982 4074.77

Balance due 0

National
Guard

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

AH Maxine Peoples
Signature

AH. MAXINE PEOPLES
Print Name

*1944 MIDVALE DRIVE
Address

SAN DIEGO 92105
City Zip Code

2619 264. 1127 m 361.6308
Telephone

Work Order # E 20686

Invoice # _____

Acct. # _____

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

E20684
W VISIT
OFFICE TO
MAKE ARRANGEMENTS
MUSTY

DATE/TIME RECEIVED CALL: 7-24-08 11 AM

CALL TAKEN BY: Tom

RECEIVED CALL FROM:

MORTUARY NAME: LAGSDORF

FAMILY MEMBER/REPRESENTATIVE PEOPLES

CONTACT PERSON: MAXINE PEOPLES

TELEPHONE NO: _____

NAME OF DECEASED:

LAST NAME: PEO PEOPLES

FIRST NAME: ROBERT

DOD: RECENT DOB: _____

VETERAN BRANCH OF SERVICE: _____

REGULAR SIZE CASKET OVERSIZE CHILD

FUNERAL SERVICE

TYPE OF SERVICE: CHURCH CHAPEL GRAVESIDE

LOCATION OF SERVICE: _____

DATE OF SERVICE: _____ TIME OF SERVICE: _____

EXPECTED ARRIVAL TIME AT MT. HOME: _____

CEMETERY PROPERTY: A/N P/N P/N TRUST

DIV: _____ SECT: _____ BLK/ROW: _____ LOT: _____ GRAVE: _____

SINGLE GRAVE CREMATION

DBL DEPTH 1st BURIAL 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE COMMITAL GRAVESIDE

WITNESS ONLY DELIVERY ONLY

P/A DELIVERY MILITARY DETAIL

SPECIAL INSTRUCTIONS: _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH 0

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

Burial Container DOCRYPTA

"	REID	REID	"	REID	"	X

Miller
W.E. BOYENS
Harris

Flagged Yes No

Blind check Initiated by: Paulette Date: 3/25

Interment space for: Ronald W. Peoples

Interment Date: 3/28/08 Time: 10:00 chapel Friday

Div: 11 Sect: 1 Blk/Row: Lot: 140 Grave: 8

Grave Laid out by: DAVID & ARNHE

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: W. H. [Signature] Date 3-26-08

Cremains were placed at: of grave

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

1. LAST NAME-FIRST NAME-MIDDLE NAME PROPLES, Ronald William			2. SEX M	3. SOCIAL SECURITY NUMBER 244 90 5658	4. DATE OF BIRTH YEAR: 50 MONTH: 04 DAY: 17
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS NAVY - USN			6. GRADE, RATE OR RANK AME1	7. PAY GRADE E5	8. DATE OF RANK YEAR: 78 MONTH: 10 DAY: 16
9. SELECTIVE SERVICE NUMBER		10. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE		11. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) East Orange, Essex, NJ 07018	
12. TYPE OF SEPARATION Discharged			13. STATION OR INSTALLATION AT WHICH EFFECTED HELANTISUBRON THREE PPO NEW YORK 09501		
14. AUTHORITY AND REASON			15. EFFECTIVE DATE YEAR: 79 MONTH: 04 DAY: 25		
16. CHARACTER OF SERVICE HONORABLE			17. TYPE OF CERTIFICATE ISSUED DD 256N		18. REENLISTMENT CODE
19. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Helicopter Anti-submarine Squadron THREE			20. COMMAND TO WHICH TRANSFERRED NA		
21. TERMINAL DATE OF RESERVE/REB OBLIGATION YEAR: MONTH: DAY:		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) Naval Air Station Jacksonville, Florida			23. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR: 72 MONTH: 10 DAY: 30
24. PRIMARY SPECIALTY NUMBER AND TITLE AMN-8377		25. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		26. RECORD OF SERVICE	
27. SECONDARY SPECIALTY NUMBER AND TITLE NA		28. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		29. NET ACTIVE SERVICE THIS PERIOD 05 05 72	
19. INDOCHINA OR FORSA SERVICE SINCE AUGUST 8, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED SECONDARY/HIGH SCHOOL: 12 YES (1-12 grades) COLLEGE: 00 YES		30. PRIOR ACTIVE SERVICE 05 05 72	
21. TIME LOST (Preceding Two Yrs.) TL-NONE		22. DAYS ACCRUED LEAVE PAID NONE		31. TOTAL ACTIVE SERVICE (a+d) 10 03 03	
23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> 25,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input type="checkbox"/> NO <input type="checkbox"/> YES		32. PRIOR INACTIVE SERVICE 00 00 00	
25. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED		26. PERSONNEL SECURITY INVESTIGATION a. TYPE: ENTNAC b. DATE COMPLETED: 18 FEB 69		33. TOTAL SERVICE FOR PAY (b+e) 10 03 03	
27. GOOD CONDUCT AWARD (1ST AWARD) 22 JAN 73 X		28. AUTHORIZED		34. FOREIGN AND/OR SEA SERVICE THIS PERIOD 06 05 75	
28. GOOD CONDUCT AWARD (2ND AWARD) 22 JAN 77 X		29. X		35. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED	
29. NAVY "E" PERIOD ENDING 30 SEP 78 (HS-3) X		30. X		36. AMOUNT	
31. REMARKS MEMBER REQUEST COPY OF DD FORM 214N		32. CORROSION CONTROL - 13 JAN 77		37. PERSONNEL SECURITY INVESTIGATION	
33. A/C PAINTING, FINISH AND INSPECTION - 13 MAY 77		34. HUMAN BEHAVIOR AND LEADERSHIP - 30 NOV 78		38. TYPE	
35. NAVY COUNSELOR 16C - 30 NOV 78		35. GROUND SUPPORT EQUIPMENT - 10 AUG 76		39. DATE COMPLETED	
36. SHIPBOARD AIRCRAFT FIREFIGHTING - 13 AUG 76		36. SERVICE INFORMATION COURSE - 8 OCT 76		40. X	
37. H-46 SYSTEMS INTERFACE, CODE HAF - 10 AUG 73		37. RACE AWARENESS - 14 SEP 73		41. X	
38. SH-3 A/F & HYDRAULIC SYS ORGAN - 9 JUL 76		38. H-46 AIRFRAMES AND UTILITIES ORGAN CODE HAF - 14 AUG 73		42. X	
39. SH-3 SYSTEMS FAMILIARIZATION (SER) - 11 JUN 76		39. NAVAL AVIATION MAINT PROGRAM WORK CENTER SUPERVISOR COURSE - 6 AUG 76		43. X	
40. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) 102 MAYFAIR STREET OCEANSIDE, CALIFORNIA 92054		41. SIGNATURE OF PERSON BEING SEPARATED <i>Ronald William Peoples</i>		44. AMN16C - 29 JAN 75 X X X X X	
42. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER W.D. MOLLOY JR., LT, USN, PERS OFFICER		43. SIGNATURE OF OFFICER AUTHORIZED TO SIGN		45. MR 16C - 27 MAY 75 X X X X X	
				46. PF FOR E-6 - 27 MAY 75 X X X X X	

E 20686

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

57

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

1A. NAME OF DECEDENT - FIRST (SHE/S)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RONALD	WILLIAM	PEOPLES	04/17/1950	03/20/2008	M
5A. CITY OF DEATH	5B. COUNTY OF DEATH - OUTSIDE CALIF. ENTER STATE		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT		
SAN DIEGO	SAN DIEGO		HESTER MAXINE PEOPLES, WIFE 1944 MIDVALE DRIVE SAN DIEGO, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			7B. CALIF. LICENSE NUMBER - IF APPLICABLE		8A. SIGNATURE OF APPLICANT - <i>Siemka P...</i>
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102			FD1329		8B. DATE SIGNED 3/24/08
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is one of the dispositions authorized by Section 103095 of the Health and Safety Code, and was authorized pursuant to Section 7102 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
			11.00	03/24/2008	WILMA WOOTEN, MD
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA			9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110			--		

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
		MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	3/28/08	<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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

Pre-need
Ashes

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3/24/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marilyn Oliva Sabga Pin: 231490

in a No vault required 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 4 Blk/Row _____ Lot 450 Grave 1

Grave space & Care Fund PAID 426.00

Overtime/Late Arrival Fees _____ DEC 4 2008

Opening/Closing & Setup P-01531/AP210661 149.00

Burial Container MOUNT HOPE CEMETERY

Handling Fees _____ Trion

Flower vases - Marker setting fee 243.71

Recording/Filing/Transfer Fees 65.00

Sales taxes _____

Total Due 883.71
Paid receipt number P-01180 176.74
Balance due 706.97

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.

Marilyn O. Sabga
Signature

MARILYN O. SABGA
Print Name
2950 IRB AVE, SP 43
Address
SAN DIEGO, CA 92154
City Zip Code
619-423-8030
Telephone

Work Order # E 20687

Invoice # _____
Acct. # _____

E 20687

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P 01180 ✓

Date: March 24, 2008

From: Marilyn Salga Address: _____
One hundred seventy six and 74/100 Dollars (\$ 176.74)
in _____ Payment of Pre-need lot and trust
Div. 8 Sec. 4 Bk/Row _____ Lot 450 Grave 1

Invoice No. _____
Acct. No. _____
W.O. _____
BALANCE DUE 1706.97

NOT VALID FOR PURPOSES STATED UNLESS
STAMPED "PAID" IN THIS SPACE.
PAID
MAR 24 2008
MOUNT HOPE CEMETERY
ISSUED BY Maria

CREDIT	67007	85	20
20% Sales Care	77184		
Pre-Need	63033	91	54
Trust	77186		
TOTAL PAID	\$	176	76

- Pre-Need Lot
- Money Order
- Pre-Need Trust
- Charge
- Check # 123

AG-212 (11-05)
This information is available in alternative formats upon request.

mailed coupons for only 9 payments left.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY

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

P01529

Date: 11/13, 20 08

From: Marilyn Saba Address: 2950 Iris Avenue, Space 43 SD 92154
Five hundred and 00/100 Dollars (\$ 500.00)

in part Payment of Pre-need lot & trust in urn garden w/vases.
Div 8 Sec 4 Blk/Row _____ Lot 450 Grave 1

Invoice No. E-20687

Acct. No. _____

W.O. _____

BALANCE DUE \$ 206.97

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

PAID

NOV 13 2008

MOUNT HOPE CEMETERY
ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	<u>500.00</u>
Pre-Need Trust	63033 77186	
TOTAL PAID	\$	<u>500.00</u>

Pre-Need Lot Money Order
 Pre-Need Trust Charge AP042768
 Check

E 20687

OFFICIAL RECEIPT



WHITE _____ TO CUSTOMER
CANARY _____ CEMETERY

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

P01555

Date: 12/1, 20 08

From: Marilyn Sobga Address: 2950 Iris Ave, space 93 S111A 92151
Two Hundred Six and 97/100 Dollars (\$ 206.97)

in full Payment of pre-need lot, trust paid in full
Div 8 Sec 4 Blk/Row _____ Lot 450 Grave _____

Invoice No. E-20687

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	100	_____
	77184	_____
Pre-Need Trust	83033	<u>206.97</u>
	77186	_____

- Pre-Need Lot
- Money Order
- Pre-Need Trust
- Charge MO 210061
- Check

ISSUED BY PC/INTL

TOTAL PAID \$ 206.97

pin 231490

E-20687

Sabga, Marilyn Oliva 2950 Iris Ave; SP43;, SD CA 92154

619-423-8030

Div 8 Sec 4 Lot 450

DEBIT

CREDIT

BALANCE

3/24/2008 Pd down on pre-need lot and trust in urn garden

426.00

426.00

Lot \$426, o/c \$149, trion vase \$65.71, r/f fee \$65,

457.71

883.71

P-01180.

176.74

706.97

11-13-08 P-01529 / APO42762

500-

20697

12/4/08 P-01559 / AP210661

706.47

⊗

PAID

DEC 4 2008

P-01559

MOUNT HOPE CEMETERY

Pantub C.

NOT NEEDED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-24-08

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

of x HENRY YOUNG, JR. # 231547

in a ASH VAULT Funeral, date, time April 18, 2008 11:00

Church, Chapel Graveside ; CATBUZIAL 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 15 Blk/Row W Lot 26 Grave 10

Grave space & Care Fund _____ 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 149.00

Burial Container _____ 79.00

Handling Fees _____ 85.00

Flower vases - Marker setting fee _____ 65.00

Recording/Filing/Transfer Fees _____ 6.00

Sales taxes _____ 6.12

Total Due 381.12

Paid receipt number 260781 381.12

CCAP02462 Balance due 0

PAID
MAR 24 2008
MOUNT HOPE CEMETERY

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

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

x Donna J. Eden
Signature

x DONNA J. EDEN 231546
Print Name

x 3322 LOGAN AVE.
Address

x SAN DIEGO 92113
City Zip Code

x (619) 236-1910
Telephone

Invoice # _____

Work Order # E 20688

Acct. # _____

E20688

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

79 11337-03

1A. NAME OF DECEDENT - FIRST (GIVEN) HENRY	1B. MIDDLE -	1C. LAST (FAMILY) YOUNG JR	2. DATE OF BIRTH MONTH, DAY, YEAR 06/19/1928	3. DATE OF DEATH MONTH, DAY, YEAR 03/20/2008	4. SEX M
--	-----------------	--------------------------------------	---	---	--------------------

5A. CITY OF DEATH LOS ANGELES	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE LOS ANGELES	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CELIA YOUNG, DAUGHTER 3577 CONGRESS DRIVE RIVERSIDE, CA 92503
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL, 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1689	8A. SIGNATURE OF APPLICANT - (Person being buried) <i>[Signature]</i>	8B. DATE SIGNED 04/01/08
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is an 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 04/01/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT JONATHAN FIELDING, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA LOS ANGELES CO DEPT OF PUBLIC HEALTH 313 NORTH FIGUEROA STREET, RM L-1 LOS ANGELES, CA 90012	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S) CR/BU	FOR CORONER'S USE ONLY
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 4-18-08	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 4-6-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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 DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103050.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

At Need

Date 03/24/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthur Singleton 231516

in a DD #B Funeral, date, time Wed 8 April 2nd, 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 W Lot 232 Grave 8

Grave space & Care Fund E-12170 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 533.-

Burial Container " _____

Handling Fees PAID _____

Flower vases - Marker setting fee A.P. 1 2008 _____

Recording/Filing/Transfer Fees _____ 65.-

Sales taxes _____

MT. HOPE CEMETERY

Total Due 598.-

Paid receipt number R-60794 598.-

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 _____

218465
See attached
Print Name _____
Address _____
City _____ Zip Code _____
Telephone _____

Paulette

Work Order # E 20689

Invoice # _____

Acct. # _____

E20689

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/5/96

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

of Lillie M. Singleton

in a Double Plot Crypt Vault/Urns Funeral, date, time Wed, Feb 7, 11:00

Church, Chapel, Graveside Church, Graceland, Rockdale Mortuary.

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

will be applied and billed to undersigned. Norothy Sharp

War time veteran _____

Lot 232 Grave 8 Row _____ Section 2 Division Block 12

Grave space & Care Fund 232 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 320.00

Handling Fees 320.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 26.60

Sales taxes _____

Total Due 2041.60

Paid receipt number 47053 510.00

Balance due 1531.60

30 day
NOTE

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

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

Signature of recorded holder of deed _____

2
X Norothy Sharp
Signature
X 5461 Imperia Ave
Address
X San Diego 92114
City Zip Code
V 619-263-2929
Telephone

Work Order # E 12730

Invoice # 265623

Acct. # 088064

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Lillie M. Shingleton #A

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

Burial Container # B

	Sanders	Lillie Shingleton	X	Johns		
	Franklin			Johnson		

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Arthur Shingleton

Interment Date: 4/2 Time: 11:00 WEEKS

Div: 12 Sect: 2 Blk/Row: ~ Lot: 232 Grave: 8

Grave Laid out by: KER & JUAN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20689

APPLICATION 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 DANIEL	1C. LAST (FAMILY) SHINGLETON	2. DATE OF BIRTH MONTH DAY YEAR 10/12/1908	3. DATE OF DEATH MONTH DAY YEAR 03/21/2008	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT DOROTHY SHARP, DAUGHTER 5461 IMPERIAL AVENUE 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 FD1329	8A. SIGNATURE OF APPLICANT <i>Stennika P...</i>		8B. DATE SIGNED 3/26/08

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 03/26/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4/2/08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 3/24/03

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna M. Myrick 220396 1230
in a Liner Funeral, date, time Thursday Mar. 27th
Church, Chapel, Graveside CA. FUNERAL ALT. 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 1270 Grave 1
Grave space & Care Fund E-12465 (9-7-1995) ⊕

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 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 First Name _____

X Address _____

X City _____

Zip Code _____

X Telephone _____

Invoice # _____

Acct. # _____

Work Order # E-20690

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH

Ø

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

Burial Container

Liner

			Braun			
Halsgrove	Halsgrove	Clarkins	X	Smith		
			Green			

Flagged

Yes

No

Blind check Initiated by:

Paulette

Date:

3/24

Interment space for:

Edna M. Myrick

Interment Date:

Thurs. 3/27

Time: _____

Div: 10

Sect: _____

Blk/Row: _____

Lot: 1270

Grave: 1

Grave Laid out by:

KEN & JUAN

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By:

Norman

Date

3-26-08

Remains were placed at:

_____ of grave

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 3/24/03

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

of Edna M. Myrick
in a Liner Funeral, date, time Thursday Mar. 27th
Church, Chapel, Graveside CA FUNERAL AU 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 1270 Grave 1

Grave space & Care Fund E-12465 (9-7-1995)

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 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.

Mitch Myrick
First Name
2214 Mountain Lane
Address
Ramona, CA 92065
City State Zip Code
760-522-4056-cell
Telephone

Work Order # E-20690

Invoice #
Acct. #

E20690

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Pre-Need
Lot & Trust

Date 9-7-95

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

of MYRICK, EDNA

in a Liner Funeral, date, time

Church, Chapel, Graveside Mortuary.

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

will be applied and billed to undersigned.

War time veteran

Lot 1270 Grave Row Section Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1763.30

Paid receipt number R-46592 1763.30

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.

Signature of recorded holder of deed

Edna M Myrick
Signature
1174 E. MAIN ST. #145
Address
EL CAJON CA 92021
City Zip Code
447-6856
Telephone

12465

Work Order # E

Invoice #

Acct. #

E20690

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

95

1A. NAME OF DECEDENT - FIRST (GIVEN) EDNA	1B. MIDDLE MYRL	1C. LAST (FAMILY) MYRICK	2. DATE OF BIRTH MONTH, DAY, YEAR 12/01/1912	3. DATE OF DEATH MONTH, DAY, YEAR 03/21/2008	4. SEX F
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5. CITY OF DEATH MONA	5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MITCH MYRICK, SON 2214 MOUNTAIN LANE RAMONA, CA 92065
7. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FOR THE DISPOSITION SPECIFIED IN THIS PERMIT PENNSYLVANIA FUNERAL ALTERNATIVES, 1020 EAST PENNSYLVANIA AVE ESCONDIDO, CA 92025		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1624

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is in 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.

Signature: *Sergeant* Date Signed: 03/24/2008

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID \$11.00	9B. DATE PERMIT ISSUED 03/24/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S)
BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 3/27/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Kenneth Callens</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R. 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

PRESENTED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-25-08

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

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 54 Grave 3

Grave space & Care Fund 3011.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 708.00

Burial Container 359.00

Handling Fees 275.00

Flower vases - Marker setting fee _____

Recording/Filing/Transfer Fees 85.00

Sales taxes 27.82

Total Due 4465.82

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 _____ hold under deed.

0 Signature _____

0 LAUREN S. YOUNG
Print Name _____
Address _____
City _____ Zip Code _____
Telephone _____

Work Order # E 20691

Invoice # _____

Acct. # _____

AT NEED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-25-08

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

of WARREN JONES 231515

in a LINGER Funeral, date, time 3-29-08 SAT 11:30

Church, Chapel, Graveside RAGSDALE 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 12 Section 2 Blk/Row _____ Lot 154 Grave 4

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	851.00
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases - Marker setting fee	65.00
Recording/Filing/Transfer Fees	
Sales taxes	20.93

PAID
MAR 25 2008
MOUNT HOPE CEMETERY

Total Due 260780 4209.93

Paid receipt number 260780 4209.93
CHK # 2297 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.

Brian Jones
Signature

Brian Jones 231503
First Name
16418 Scimitar Dr
Address
San Diego Ca 92114
City Zip Code
619-527-0550
Telephone

Work Order # E 20692

Invoice # _____
Acct. # _____

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH 0

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

Burial Container Liner

	<u>DDUM</u>		<u>X</u>	<u>Parraz</u>	<u>Parraz</u>	
			<u>Gordon</u>			

Flagged Yes No

Blind check Initiated by: Paulette Date: 3/25

Interment space for: Warren Jones

Interment Date Sgt. Mar. 29th Time: _____

Div: 12 Sect: 2 Blk/Row: _____ Lot: 154 Grave: 4

Grave Laid out by: KEN & JUAN

*Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Remains were placed at: _____ of grave

E20692

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) WARNER	1B. MIDDLE CALVIN	1C. LAST (FAMILY) JONES	2. DATE OF BIRTH MONTH, DAY, YEAR 02/08/1921	3. DATE OF DEATH MONTH, DAY, YEAR 03/22/2008	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 LOLA JONES, WIFE 5430 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 FD1329	8A. SIGNATURE OF APPLICANT (Person taking permit) <i>Siennika Jones</i>		8B. DATE SIGNED 3/28/08
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed burial 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/28/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S) BU	FOR CORONER'S USE ONLY
--	-------------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3/29/08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS 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 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.

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VS9c (REV. 12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

PL 60660
LOT #1151

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-25-08

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

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 154 Grave 3

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93

PAID
MAR 25 2008
MOUNT HOPE CEMETERY

Total Due 3358.93

Paid receipt number R 60783 3358.93
CHK # 2997 Balance due 0.00

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 Brian Jones

Print Name Brian Jones
Address 6418 Scimitar Dr
San Diego CA 92114
City San Diego Zip Code 92114
Telephone 619-527-0550

Work Order # E 20693

Invoice # _____
Acct. # _____

PRE NEED OFFICIAL RECEIPT

LAUREN YOUNG
3180 LAKE SHORE DR

E20693
60783

CITY OF SAN DIEGO, CALIFORNIA

AT-NEED PURCHASE

MOUNT HOPE CEMETERY

(619) 527-3400

WHITE TO CUSTOMER
CANARY CEMETERY

CHICAGO, IL 60657

Date: 3-25-20 08

From: BRIAN JONES Address: 6418 SCIMITAR DR, S.D., 92114

THREE THOUSAND THREE HUNDRED-FIFTY EIGHT ⁹³/₁₀₀ Dollars (\$ 3358.93)

in Full Payment of PRE NEED TRUST & LOT

Div 12 Sec 2 Bk/Row Lot 154 Grave 3

Invoice No. _____

Acct. No. E20693

W.O. _____

BALANCE DUE 0

REF 60780 420993

Money Order

Charge

Check # 24987

AC-212A (11-05)

This information is available in alternative formats upon request.

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

PAID

MAR 25 2008

MOUNT HOPE CEMETERY

ISSUED BY 

CREDIT	67007	452	80
20% Sales Care	77184		
80% Sales	100	1811	20
of Lots	77184		
Opening/	100	533	-
Closing	77181		
Burial	100	270	-
Containers	77182	200	-
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	65	-
Sales Tax	60101	20	93
	78390		
TOTAL PAID	\$	3358	93

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-25-08

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

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:00 p.m. on 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.

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order #

E 20694

AT NEED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-25-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Reza Hamidi 231504 PARWE
in a LINEAR Funeral, date, time 3-28-08 FRI 1:00
Church, Chapel, Graveside _____: BAYVIEW CREMATION 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 4 Section 1 Blk/Row _____ Lot 36 Grave 2

Grave space & Care Fund	_____	<u>2264.00</u>
Overtime/Late Arrival Fees	_____	_____
Opening/Closing & Setup	_____	<u>533.00</u>
Burial Container	_____	<u>770.00</u>
Handling Fees	_____	<u>206.00</u>
Flower vases - Marker setting fee	_____	_____
Recording/Filing/Transfer Fees	_____	<u>65.00</u>
Sales taxes	_____	<u>20.93</u>

PAID
MAR 25 2008

MOUNT HOPE CEMETERY

Total Due 3358.93
Paid receipt number R60784 3358.93
Balance due 0

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

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

Signature S. Taheri

231505
* Shawn Taheri
Print Name
* 76 Ambroise
Address
* Newport Coastra 92657
City Zip Code
* 714-299-0143
Telephone

Work Order # E 20695

Invoice # _____
Acct. # _____

E20695

66

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) REZA	1B. MIDDLE -	1C. LAST (FAMILY) HAMIDI	2. DATE OF BIRTH MONTH, DAY, YEAR 05/14/1941	3. DATE OF DEATH MONTH, DAY, YEAR 03/17/2008	4. SEX M
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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 NAHID HAMIDI, SISTER 4210 E. PATERO WAY LONG BEACH, CA 90815
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BAYVIEW CREMATION & BURIAL, 7510 CLAIREMONT MESA BLVD STE 109 SAN DIEGO, CA 92111		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1661

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on 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: *Reza Hamidi*

8B. DATE SIGNED: **03/25/2008**

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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/25/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	10. AUTHORIZED DISPOSITION(S) BU	10. FOR CORONER'S USE ONLY		

11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 3-28-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>David Noriega</i>
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COMPLETE ALL APPLICABLE ITEMS	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R. 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

At Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03/25/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DR. Russell F. Greer 208224

in a Liner Funeral, date, time Tues, April 1 @ 2pm

Church, Chapel, Graveside El Camino - PB Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 213.00

will be applied and billed to undersigned. X

Division 10 Section Blk/Row Lot 1690 Grave 1

Grave space & Care Fund C-8308 0

Overtime/Late Arrival Fees

Opening/Closing & Setup 533.00

Burial Container 270.00

Handling Fees 206.00

Flower vases - Marker setting fee

Recording/Filing/Transfer Fees 65.00

Sales taxes 20.93

Total Due 1,094.93

Paid receipt number B-60787 1,094.93

Balance due 0

MOUNT HOPE CEMETERY

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

Melissa
858-488-2929

Work Order # E 20696

X 231510
First Name

X
Address

X
City

X Zip Code

X
Telephone

Invoice # See attached

Acct. #

E20696

03/26/2008 13:44

8584834455

PACIFIC BEACH CHAPEL
MAR 25 2008 15:28/ST. 15:27/No. 7500000782 P. 2

At Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03/25/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DR. Russell F. Greer
in a _____ Funeral, date, time Tues, April 1 @ 2pm
Church, Chapel, Graveside _____ ; EL Camino - PB Mortuary 213.00
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 <u>10</u>	Section _____	Blk/Row <u>C-8308</u>	Lot <u>1690</u>	Grave <u>1</u>
Grave space & Care Fund	<u>0</u>			
Overtime/Late Arrival Fees	_____			
Opening/Closing & Setup	<u>533.00</u>			
Burial Container	<u>270.00</u>			
Handling Fees	<u>206.00</u>			
Flower vases - Marker setting fee	_____			
Recording/Filing/Transfer Fees	<u>65.00</u>			
Sales taxes	<u>20.93</u>			
Total Due				<u>1,094.93</u>

Paid receipt number _____
Balance due _____

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

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

x Gloria Greer
Signature
Melissa
858-488-2929

x Gloria Greer
Print Name
x 5150 Windsor Dr.
x San Diego Ca 92109
City
x (858) 488-2923
Telephone

Work Order # E 20696

Invoice # _____
Acct. # _____

Pacific Beach will be bringing a check.



200800992

E 20696
MT. HOPE CEMETERY

ORDER
CITY OF SAN DIEGO, CALIFORNIA

DATE 2-25-1970

CHARGE Dr. Russell F. Greer
 ADDRESS 5150 Windsor Dr., S. D. Cal. 9210
 NAME OF DECEASED Pre-need lot
 OWNER above
 ADDRESS _____
 MORTUARY _____

LOT <u>1690</u>	GR _____	ROW _____	SEC _____	DIV <u>10</u>	<u>145.00</u>
OPENING TIME _____	DAY DATE _____				
VAULT BOX _____	SIZE _____				
REMOVAL OR FOUNDATION VET. _____					
					TOTAL <u>145.00</u>
PAID RECEIPT NUMBER <u>17035</u>					<u>145.00</u>
					BALANCE <u>0</u>

12" X 24" flush marker only for single grave purchase.

PAID
 FEB 25 1970
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

#4799

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
 I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE MT. HOPE CEMETERY.

AUTHORIZED
 IN PERSON _____
 PHONE BY By mail
C 8308

ORDER TAKEN BY DePhillips
 INVOICE NO. CASH

E20696

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH 2 1

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

Burial Container Liner

	Ritchey	Ritchey	X		Greer	
			Crews			

Flagged Yes No

Blind check Initiated by: Puckette Date: 3/28

Interment space for: Dr. Russell Greer

Interment Date: 4/1/2008 Time: 2:15 pm

Div: 10 Sect: W Blk/Row: W Lot: 1690 Grave: 1

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20696

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT - FIRST (GIVEN) RUSSELL	1B. MIDDLE FLAGG	1C. LAST (FAMILY) GREER	2. DATE OF BIRTH MONTH, DAY, YEAR 11/10/1919	3. DATE OF DEATH MONTH, DAY, YEAR 03/24/2008	4. SEX M
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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 GLORIA GREER, WIFE 5150 WINDSOR DR SAN DIEGO, CA 92109
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL-P.B., 4710 CASS ST SAN DIEGO, CA 92109	7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD815	8A. SIGNATURE OF APPLICANT - Person taking permit <i>J. Galvay</i>	8B. DATE SIGNED 03/28/2008
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ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as Applicant that the proposed 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 03/28/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
--	---	-----------------------------------	--------------------------------------	---

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - # DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - # DEPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -
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10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
---	------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 4/1/08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R. 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 3/25/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Edward Sullivan III 231507

in a TS Vault Funeral, date, time Friday, March 28 @ 1pm

Church, (Chapel) Graveside _____; EL CAMINO - IMPERIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 213.00 will be applied and billed to undersigned. SES

Division 12 Section 2 Blk/Row _____ Lot 221 Grave 8
Grave space & Care Fund 2,264.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____ 533.00

Burial Container _____ 355.00

Handling Fees _____ 163.00

Flower vases - Marker setting fees _____

Recording/Filing/Transfer Fees _____ 65.00

Sales taxes _____ 27.51

Total Due 3,507.51

Paid receipt number R-60713 3,507.51

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. 231508

I hereby authorize the interment in lot I hold under deed

Sean E. Sullivan
Signature

SEAN E SULLIVAN
Print Name
1655 EAST 83RD. PLANE
Address
CHICAGO ILL 60617
City Zip Code
(773) 734-8360
Telephone

Work Order # E 20697

Invoice # _____

Acct # _____

E20697

FAMILY
AT NEED
WILL VISIT

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 3-25-08 Tom

CALL TAKEN BY: _____

RECEIVED CALL FROM:

MORTUARY NAME: ROBERT CYPRESS FLOW

FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: _____

TELEPHONE NO: _____

NAME OF DECEASED: Spring Valley

LAST NAME: JOHN SULLIVAN III

FIRST NAME: _____

DOD: _____ DOB: _____

VETERAN BRANCH OF SERVICE: _____

REGULAR SIZE CASKET OVERSIZE CHILD

FUNERAL SERVICE

TYPE OF SERVICE: CHURCH CHAPEL GRAVESIDE

LOCATION OF SERVICE: _____

DATE OF SERVICE: _____ TIME OF SERVICE: _____

EXPECTED ARRIVAL TIME AT MT. HOME: _____

CEMETERY PROPERTY: A/N P/N P/N TRUST

DIV: _____ SECT: _____ BLK/ROW: _____ LOT: _____ GRAVE: _____

SINGLE GRAVE CREMATION

DBL DEPTH 1st BURIAL 2nd BURIAL

CEMETERY SERVICE:

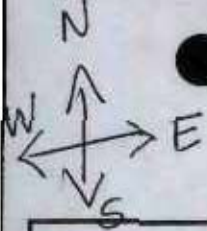
TYPE OF SERVICE COMMITTAL GRAVESIDE

WITNESS ONLY DELIVERY ONLY

P/A DELIVERY MILITARY DETAIL

SPECIAL INSTRUCTIONS: _____

E 20697



MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container IS VAULT

				Bertha G Littlejohn		
		Kevin Parker	X	Freddie McGowan		

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: John Edward Sullivan III

Interment Date: 3/28/2008 Time: 1 pm

Div: 12 Sect: 2 Blk/Row: _____ Lot: 22 Grave: 8

Grave Laid out by: JUAN & KEN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Naman Date 3-26-08

Cremains were placed at: _____ of grave

E20697

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

62

1A. NAME OF DECEDENT - FIRST (GIVEN) JOHN	1B. MIDDLE EDWARD	1C. LAST (FAMILY) SULLIVAN III	2. DATE OF BIRTH MONTH DAY YEAR 05/13/1945	3. DATE OF DEATH MONTH DAY YEAR 03/20/2008 FND	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 SEAN E SULLIVAN, BROTHER 1655 E 83RD PL CHICAGO, IL 60617	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EL CAMINO MEMORIAL-IMPERIAL AVE, 3953 IMPERIAL AVE SAN DIEGO, CA 92113			7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD670		
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed 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 03/27/2008	

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 \$11.00	9B. DATE PERMIT ISSUED 03/27/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

10. AUTHORIZED DISPOSITION(S)
BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 3-28-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

PAT USED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3-26-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES PAUL Bennett 231518

in a LINEIC Funeral, date, time APR 4 FRI 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 1 Blk/Row _____ Lot 86 Grave 5

Grave space & Care Fund 2264.00

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.00

Burial Container 270.00

Handling Fees 2061.00

Flower vases - Marker setting fee MARKER TR 243.71 178.00

Recording/Filing/Transfer Fees 65.00

Sales taxes 20.93

Total Due 3602.64

Paid receipt number 60786 TR 3602.64

CHK 1087118 3600.00 Balance due 2.64

PAID
ARR - 1 2008
60786
MOUNT HOPE CEMETERY

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

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

Kond Wang
Signature

Robert Hardie 231517
Print Name
10767 Jamacha Blvd #140
Address
Spring Valley CA 91978
City Zip Code
619-750-2347
Telephone

Work Order # E 20698

Invoice # _____
Acct. # _____

E20698

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Liner

			X			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: James Paul Bennett

(Friday) Interment Date: 4/4/2008 Time: 1 pm

Div: 12 Sect: 1 Blk/Row: _____ Lot: 86 Grave: 5

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes No

Agrees with Map: Yes No

Blind Check & Verified By: Herman Date 4-2-08

Cremains were placed at: _____ of grave

E 206 98

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

71

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

1A. NAME OF DECEDENT - FIRST (GIVEN) JAMES	1B. MIDDLE PAUL	1C. LAST (FAMILY) BENNETT	2. DATE OF BIRTH MONTH, DAY, YEAR 03/28/1936	3. DATE OF DEATH MONTH, DAY, YEAR 03/25/2008	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROBERT HARDY, NEPHEW 10767 JAMACHA BLVD #140 SPRING VALLEY, CA 91978		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD1329	5A. SIGNATURE OF APPLICANT - <i>Sheenika King</i> 5B. DATE SIGNED 3/26/08		

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is an 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 03/26/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT OR OUTSIDE CALIFORNIA --		

10. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4-4-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59c (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE. NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

At Need

Date 03/28/08

PIN: 231520

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

of Jimmie Ray Watts AKA James 1.00

in a Liner Funeral, date, time Friday April 4th 2008

Church, Chapel, Graveside Anderson Rigsdale Mortuary

Bethel Baptist All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 283.00

will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row - Lot 74 Grave 9

Grave space & Care Fund 3011.-

Overtime/Late Arrival Fees 708.-

Opening/Closing & Setup 359.-

Burial Container 275.-

Handling Fees 85.-

Flower vases - Marker setting fee 27.82

Recording/Filing/Transfer Fees 4,465.82

Sales taxes 4,465.82

Total Due 4,465.82

Paid receipt number R-60799 4,465.82

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.

231519

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 20699

E20699

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

		LYNDA TANNER	X	GIUANNY TERAN		

Flagged

Yes _____

No _____

Blind check Initiated by: _____

Date: _____

Interment space for: Jimmie Ray Watt's AKA James

Interment Date: Friday April 4th

Time: 1:00 Church

Div: 12 Sect: 1 Blk/Row: _____ Lot: 74 Grave: 9

Grave Laid out by: KEN & JUAN

Agrees with Legal Card:

Yes

No

Agrees with Map:

Yes

No

Blind Check & Verified By: _____

Date _____

Cremains were placed at: _____

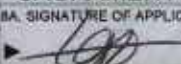
of grave

E20699

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

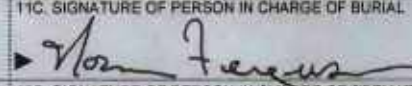
54

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

1A. NAME OF DECEDENT - FIRST (GIVEN) JIMMIE	1B. MIDDLE RAY	1C. LAST (FAMILY) WATTS	2. DATE OF BIRTH MONTH, DAY, YEAR 02/12/1954	3. DATE OF DEATH MONTH, DAY, YEAR 03/26/2008	4. SEX M
5A. CITY OF DEATH SACRAMENTO		5B. COUNTY OF DEATH - OUTSIDE CALIF., ENTER STATE SACRAMENTO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KYMI WATTS, BROTHER 3642 GOLD CREEK LANE SACRAMENTO, CA 95827		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH THOMPSON FUNERAL HOME, 3601 5TH AVE P O BOX 5115 SACRAMENTO, CA 95817		7B. CALIF. LICENSE NUMBER - IF APPLICABLE FD860	8A. SIGNATURE OF APPLICANT - Person taking permit 		8B. DATE SIGNED 04/03/2008
ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is in accordance with the provisions authorized by Section 103095 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 GIVE NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID 11.00	9B. DATE PERMIT ISSUED 04/03/2008	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT GLENNAH I TROCHET, MD
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH - IF DEATH OCCURRED IN CALIFORNIA SACRAMENTO PUBLIC HEALTH 7001 EAST PARKWAY, SUITE 600 SACRAMENTO, CA 95823	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION - IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110		

10. AUTHORIZED DISPOSITION(S) BURIAL	FOR CORONER'S USE ONLY
--	-------------------------------

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 4-4-08	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 OF RECEIVING STATE OR COUNTRY WHERE REMAINS R 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 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

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION OF CREMATED HUMAN REMAINS OTHER THAN IN A CEMETERY AND BURIAL AT SEA AFTER CREMATION AS PROVIDED IN HEALTH AND SAFETY CODE SECTIONS 7054.6, 7116, 7117, AND 103060.

NO PERSON SHALL DISPOSE OF OR OFFER TO DISPOSE OF ANY CREMATED HUMAN REMAINS UNLESS REGISTERED AS A CREMATED REMAINS DISPOSER BY THE STATE CEMETERY BOARD. THIS ARTICLE SHALL NOT APPLY TO ANY PERSON, PARTNERSHIP, OR CORPORATION HOLDING A CERTIFICATE OF AUTHORITY AS A CEMETERY, CREMATORY LICENSE, CEMETERY BROKER'S LICENSE, CEMETERY SALESMAN'S LICENSE, OR FUNERAL DIRECTOR'S LICENSE, NOR SHALL THIS ARTICLE APPLY TO ANY PERSON HAVING THE RIGHT TO CONTROL THE DISPOSITION OF THE CREMATED REMAINS OF ANY PERSON OR THAT PERSON'S DISIGNEE IF THE PERSON DOES NOT DISPOSE OF OR OFFER TO DISPOSE OF MORE THAN 10 CREMATED HUMAN REMAINS WITHIN ANY CALENDAR YEAR. (BUSINESS AND PROFESSIONS CODE SECTION 9740.)

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE CREMATED REMAINS HAS OBTAINED WRITTEN PERMISSION OF THE PROPERTY OWNER OR GOVERNING AGENCY TO SCATTER ON THE PROPERTY. (HEALTH AND SAFETY CODE SECTION 7116.)

DW12, SGC1, LOT 74, GR 9 E20699

E-20699

To whom it may concern
3-26-09

I Kymi John Watts
wish to be burried with my
twin Brothee Jimmy Watts when
God calls me home

CA-C2114496

~~[Signature]~~

3-26-09

I Lilly Kaye Weatherford witness
this request.

Lilly Weatherford
(619) 634-5466