

MT. HOPE CEMETERY
INTERMENT ORDER

Estimate

City of San Diego

Date 9/13/84

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

of Dorothy E. Lukes

in a Double Crypt Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Yes - 2 yrs U.S. Army

Lot 3163 Grave Row Section Division/Block 10

Grave space & Care Fund Transferred by owner _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container Double Crypt _____

Handling Fees Labor _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 1026.45

*Paid in full
4/2/92*

2nd Burial	320.00
	330.00
	320.00
	35.00
	35.00
Total	1026.45

Paid receipt number _____

Balance due _____

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

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

*** _____
Signature of record holder of deed

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7701
rv-883 (REV. 8-88)

En need
 MT. HOPE CEMETERY
 INTERMENT ORDER

Estimate

City of San Diego

Date 9/13/84

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

of Dorothy E. Lukas

in a Double Crypt Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Yes - 2-yr U.S. Army

Lot 3163 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Transferred by son _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container Double Crypt _____

Handling Fees labor _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

2nd Burial	320.00
320	320.00
35	35.00
<u>355.00</u>	<u>1026.45</u>

Total Due _____

Paid receipt number _____

Balance due _____

I hereby certify I am the Father & Father 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.

Frederick A. Lukas
 Signature of recorded holder of deed

Signature 124 Park Blvd.
St. Cajon, CA 92021
 Address _____
 Phone 444-7205 Zip/Code _____
 Telephone _____

Work Order # E 7701

Invoice # _____

Acct. # _____

AUG 6-1988

E-7701

MT HOPE CEMETERY :-

THIS LETTER IS WRITTEN TO TELL YOU
THAT MT. HOPE CEMETERY LOT 3163 DIV. 10
WILL BE USED BY MY SON'S WIFE DORTHY
KLUKAS WHO IS DYING OF TERMINAL CANCER.

IF YOU DESIRE MORE INFORMATION MY
PHONE NO IS 444-5956. IT IS IN THE
PHONE BOOK.

THANK YOU,

Fred Klukas

★
★ F A KLUKAS
★ 11447 FUERTE DR
EL CAJON, CA 92020

9/13/88

Will mail in signed Paper -

Start a trust
for Dorothy or Wm.
Klukas -

124 Park Blvd

El Cajon Ca 92021

Phone # 444-9205

at \$25⁰⁰ per month
Mail out Booklet

any Bal due at time
of need payable in
30 days

RECEIVED

SEP 13 1988

MT. HOPE CEMETERY

E-7701

OFFICIAL RECEIPT



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

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

E-7701
 No 42088

From: William X. Hula Address: 124 Park Blvd, El Cajon Date: 4-6 19 92
Two Hundred Three Dollars (\$ 203.00)
 In full Payment of Pre Need Trust

Lot 3143 Grave Row Section Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-7701
 BALANCE DUE

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
Burial Containers	77181	
	100	
Handling Fee	77182	
	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	63033	<u>203.00</u>
	8022	
Sales Tax	80101	
	78390	
TOTAL PAID		<u>203.00</u>

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

AC-212 (Rev. 1-91)

4524

ISSUED BY J. White

OFFICIAL RECEIPT



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

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

E 7701
No 42050

From William Kluck Address: 124 Park Blvd, El Cerrito 92021 Date: 3-25, 19 92
Arby Dege TR/W Dollars (\$ 67)
In _____ Payment of Pre-Need Trust

Lot 3163 Grave _____ Row _____ Section _____ Division 10
Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7701

BALANCE DUE 8178.

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

AC-212 (Rev. 1-91)

4507

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

ISSUED BY

J. White

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	63033	<u>67 W</u>
	9022	
	80101	
	78390	
		<u>67 W</u>

OFFICIAL RECEIPT



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

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

E 7701
 No 42026

From: William Lykos Address: 124 Park Blvd, El Cajon, Calif Date: 3/12 1952
Sixty-seven 70/10 Dollars (\$ 67.00)
 In _____ Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7701
 BALANCE DUE 8245.-

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

AC-212 (Rev. 1-91) 4500

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>67.00</u>	<u>67.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

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

E7701
 No 41833

From William Klukas Address: 124 Park Blvd, #2 Date: 2/3, 1992
Sixty-seven Dollars (\$ 67.00)
 In _____ Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7701
 BALANCE DUE \$312.-

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Mic. Fees	77183		
Pre-Need Trust	60033	<u>67</u>	<u>00</u>
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>67</u>	<u>00</u>

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

4465

OFFICIAL RECEIPT



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

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

E7701
 No 41726

From William Kupas Address: 124 Park Blvd, #2021 Date: 1-6, 1992
Sixty-seven Dollars (\$ 67.00)
 In Payment of Pre-Need Trust

Lot _____ Grave 1 Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7701

BALANCE DUE \$379 -

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

AC-212 (Rev. 1-91) 4435

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

ISSUED BY J. Witt

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	<u>67.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>67.00</u>

OFFICIAL RECEIPT



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

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

E7701
No 41672

Date: 12-18-, 1991

From: Dorothy William Klukas Address: 127 PINKBLVD. LA CAJON, CA 92021

Eighty Seven and 00/100 Dollars (\$ 67.00)

In Part Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7701

BALANCE DUE _____

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

4417
AC-212 (Rev. 1-91)

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

CITY AUDITOR
DEC 21 1991

006990

ISSUED BY Rand Jones

CREDIT	67007		
20% Sales Tax	77184		
Area Fee of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
	77181		
	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		67.00
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$		67.00

OFFICIAL RECEIPT



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

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

E7701
 No 41552

Date: 11-22-1991

From William Plukas Address: 124 Park Blvd El Cajon CA 92021

Sixty Seven and 00/100 Dollars (\$ 67⁰⁰)

In Lot Payment of Pre-need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7701

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 7-81) #4384

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	53033	<u>67⁰⁰</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>67⁰⁰</u>

OFFICIAL RECEIPT



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

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

E 7701
 No 41426

Date: 10-25, 1991
 From William Lukas Address: 124 Park Blvd, El Cajon 92021
Sixty Seven (7701/10) Dollars (\$ 67.00)
 In _____ Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7701
 BALANCE DUE _____

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

AC-212 (Rev. 1-81)

4361

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

ISSUED BY J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	<u>67.00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>67.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E 7701
 No 41280

From: William & Susan Address: 120 Park Blvd, El Cajon, CA 92021
 Date: 9-22, 1991

Susan Jones Dollars (\$ 670)
 in _____ Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7701
 BALANCE DUE 8647.00

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	53033	<u>670</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>670</u>

4335

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E7701
 No 39676

Date: 9.7.90, 1990

From: William A Kluk Address: 10' Row 316 El Camino 92021

Twenty-five and 00/100 Dollars (\$ 25.00)

In part Payment of Pre need trust

Lot 3113 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7701

BALANCE DUE _____

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

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>25</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E7701
 No 41222

Date: 5-6, 1990

From: William Lukas Address: 124 Park Blvd El Cajon 92022
Sixty-seven & 00/100 Dollars (\$ 67.00)

In part Payment of part pre-need trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7701
 BALANCE DUE 67.00

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>67.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>67.00</u>

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

ISSUED BY [Signature]

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E17701

No 39452

Date: 7-5, 1990

From: WILLIAM A KLUMPS Address: 124 PARK BLVD.

FIFTY DOLLARS + $\frac{00}{100}$ Dollars (\$ 50.00)

In _____ Payment of PRE NEED TRUST

Lot 3163 Grave _____ Row _____ Section _____ Division Block 10

Invoice No _____

Acct. No _____

W.O. F-7701

BALANCE DUE 806.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

3923

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

ISSUED BY

[Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ Closing	100		
	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033	<u>50</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 264-3151

E7701
 No 39313

Date: 6-4, 1990

From: WILLIAM KLUKAS Address: 724 PARK BLVD.

TWENTY FIVE DOLLARS & 00/100 Dollars (\$ 25.00)

In _____ Payment of PRE NEED TRUST

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7701

BALANCE DUE 856.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

#3891

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/ Closing	77184		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77185		
Sales Tax	100		
TOTAL PAID		\$	<u>25 00</u>

CITY AUDITOR
 JUN 08 1990

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

E7701
No 39187

Date: 5-4, 1990

From: William Kuhn Address: 124 Hill Blvd

In Trust Payment of the Trust Dollars (\$ 25.00)

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No _____

Acct. No _____

W.O. F-9701

BALANCE DUE 8766

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

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

CITY AUDITOR
MAY 14 1990

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	<u>25.00</u>
	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

CITY AUDITOR

E7701
 No 39097

APR 16 1990

Date: 4-6, 1990

From: William A. Klukas Address: 124 Park Blvd

Twenty Five dollars Dollars (\$) 25.00

In _____ Payment of Pruned Trust Coupon # 19

Lot 3163 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E7701

BALANCE DUE 906 00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AG-212 (Rev. 10-87)

3838

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25 00</u>
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>25 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

CITY AUDITOR

E 7701
 No 38988

MAR 20 1990

Date: 3-9- 19 90

From: William A. KUKA- Address: 124 PARK BLVD, EL CAJON, CA 92021

In paid Payment of Preneed Trust Coupon #18 Dollars (\$ 25.00)

Lot 3163 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 7701

BALANCE DUE 931.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AG-212 (Rev. 10-87)

3808

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

ISSUED BY W. J. League

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>25.00</u>
	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E 7701
 N2 38704

From: William Carlos Address: 124 Park Blvd, El Centro Date: 12 22, 1989
Fifty Dollars Dollars (\$) 50.00
 In Payment of Wages 12/17 - 12/19 - 1989 - Placed Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____
 Acct. No. _____
 W.O. 2-7701
 BALANCE DUE 756.00

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

AC-212 (Rev. 10-87)

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

ISSUED BY Andrea V...

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>50.00</u>
	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>50.00</u>

CITY AUDITOR
 JAN 02 1990

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E 7701
 112 38090

Date: 10-31, 1989

From: William Lukas Address: 124 Park Blvd

In 50 dollars Payment of coupon 14815 Mount Hope Dollars (\$ 50.00)

Lot 3163 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-1701
 BALANCE DUE 1006 00

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

AC-212 (Rev. 10-87) 3623

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	69033	<u>50 00</u>
Sales Tax	9022	
	80101	
	78380	
TOTAL PAID		<u>50 00</u>

AUDITOR
 NOV 05 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E 7701
 No 37987

From: William Klukas Address: 124 Fort Blvd, El Cajon, CA Date: 10-2, 1989
Twenty-five no/10 Dollars (\$) 25.00 2021
 In: _____ Payment of: Can pr 13 prepaud trust

Lot 3163 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7701
 BALANCE DUE 1056.00

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

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

ISSUED BY Judy Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25.00</u>
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

CITY AUDITOR
 OCT 10 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

NO E7701
38459

From: William Klukas Address: 124 Oak Blvd, El Cajon
Twenty-five dollars Dollars (\$ 25.00)
 In _____ Payment of Funeral Trust Payment 12

Lot 3163 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. 2-7701
 BALANCE DUE 101.00

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

ISSUED BY Andy Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	<u>25.00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

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

3615

CITY AUDITOR
 SEP 05 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

E 7701
 No 38339

Date: Aug 1, 1989

From: William Klicker Address: 120 Park Blvd

In part Payment of Pre-need Trust Coupon II Dollars (\$ 25.00)

Lot 3163 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 57701

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

3571

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25</u>
Sales Tax	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>25</u>

CITY AUDITOR
 AUG 07 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E 7701
 No 38223

From: William A Klukas Address: 124 Park Blvd. Col Canyon Ca 92021
 Date: 7-5 1989
Twenty-five dollars & 00/100 Dollars (\$ 25.00)
 In full Payment of Cemeter #10 pre-need trust

Lot: 3163 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-7701
 BALANCE DUE 1,131.25

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

AC-212 (Rev. 10-87)

3500

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

ISSUED BY Wendy Black

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	CITY AUDITOR
Opening/Closing	77184	
Burial Containers	100	JUL 10 1989
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	<u>25.00</u>
	9022	
	60101	
	78380	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E 7701
 NO 37882

From: William Klukas Address: 124 Park Blvd, San Diego Date: 6-1, 1989
Twenty-five Dollars (\$ 25.00)
 In Payment of Coupon 9 Funeral Trust

Lot: 3163 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. 2-7701
 BALANCE DUE 1156.25

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

AC-212 (Rev. 10-87) 3509

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

CITY AUDITOR
JUN 09 1989

ISSUED BY Linda Wood

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25.00</u>
Sales Tax	60101	
TOTAL PAID	78390	<u>25.00</u>

E 7701
No 37720

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 5-1 1989
Address: 124 Park Blvd. El Cerrito Ca 92021

From: William A Klukas
Twenty-five dollars & 00/100 Dollars (\$ 25.00)
In: Payment of Coupon # 8 Pre-need

Lot 3163 Grave Row Section Division Block 10

Invoice No. _____
Acct. No. _____
W.O. E-7701
BALANCE DUE 1,181.25

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

3478

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

ISSUED BY Mrs Black

CREDIT	67007
20% Sales Care	77184
80% Sales of Lots	100
Opening/Closing	77184
Burial Containers	100
Handling Fee	77181
Recording & Misc. Fees	100
Pre-Need Trust	77182
Sales Tax	100
TOTAL PAID	77185
	100
	77183
	63033
	9022
	60101
	76390
	25 00
	25 00

CITY AUDITOR
MAY 8 1989

E-7701
No 37591

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151



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

From: William Klutas Address: 124 Park Blvd, E.C.
Twenty five 10/10 Dollars (\$) 25.00
in Payment of Graves 2 Renewal

Lot 3163 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____
Acct. No. _____
W.O. 2-7701
BALANCE DUE 1006.25

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE
CITY AUDITOR
APR 05 1989
ISSUED BY Jordan [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>25.00</u>
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>25.00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
3452

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY

254-3151

E7701
 No 37417

From: William Ukas Address: 124 Rock Blvd, El Cajon
 Date: 3-1 1989

In Twenty five Dollars (\$ 25.00)
 Payment of Coupon 6 Mount Hope Memorial

Lot: 3163 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7701

BALANCE DUE 1231.25

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR
 MAR 06 1989

ISSUED BY

Linda Ward

CREDIT	67007	
20% Sales Care	77184	
60% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Final	100	
Containers	77182	
	100	
Handling Fee	77186	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>25.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

3719

E7701
No 37290

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: William Klukas Address: 424 York Blvd. El Cerrito
Twenty-five No 1125
In: _____ Payment of Coupon 5 Pre-need Trust Dollars (\$ 25.00)
Date: 2-1 1989

Lot 3163 Grave _____ Row _____ Section _____ Division 10
Block _____

Invoice No. _____
Acct. No. _____
W.O. E-7701
BALANCE DUE 1256.25

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

AC-212 (Rev. 10-57)

3396

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE
CITY AUDITOR
FEB 06 1989
ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>25</u>	<u>00</u>
	9022		
Sales Tax	80101		
	78380		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

E7701
No 37153

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: William Klutas Address: 124 Port Blvd, El Cerrito
twentz-five rd/02 Date: 1-3 1989
In: Payment of deposn of Preced Trust Dollars (\$ 25.00)

Lot 2163 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
Acct. No. _____
W.O. E-7701
BALANCE DUE 128.25

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
3366

AG-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.
CITY AUDITOR
JAN 09 1989
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	63033	<u>25 00</u>
	9022	
	60101	
	78390	<u>25 00</u>

E 7701
No 37028

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 12-2 1988

From: William A Klukas Address: 124 Park Blvd. El Cajon, Ca 92021

Twenty-five dollars & 00/100 Dollars (\$ 25.00)

In: put Payment of pre-need trust coupon #3

Lot: 3163 Grave _____ Row _____ Section _____ Division Block: 10

Invoice No. _____

Acct. No. E-7701

W.O. _____

BALANCE DUE 1306.25

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

AC-212 (Rev. 10-87)

3998

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

CITY AUDITOR
DEC 9 1988

ISSUED BY Jana Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83083	<u>25.00</u>
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>25.00</u>

Recorded

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E 7701
 No 36911

From: William A Klukas Address: 134 Park Blvd. El Cajon, Ca 92021 Date: 11-3 1988
Twenty-five dollars & 00/100 Dollars (\$ 25.00)
 In part Payment of Credit Sales Coupon #2

Lot 3163 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. E-7701
 W.O. _____
 BALANCE DUE 1,331.25

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

ISSUED BY J. Black

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 3306

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

E 1701
 No 36821

From: Nilsen, Klara Address: 124. Park Blvd. El Cerrito
Trent - wife Dollars (\$) 25.00
 In Payment of coupon 1 Pre-need Trust

Lot: 3163 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-1701
 BALANCE DUE 1356.25

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR
 OCT 14 1988

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
60% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>25.00</u>
	6022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>25.00</u>

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7701

Preneed Trust

William & Dorothy Klukas
124 Park Blvd.
El Cajon, Ca 92021

Month and Day Due Indicated Below

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

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



\$ 25.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7701

Preneed Trust

William & Dorothy Klukas
124 Park Blvd.
El Cajon, Ca 92021

Month and Day Due Indicated Below

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

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

▶ \$ 25.00

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

▶ \$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

Pruned Trust

William & Dorothy Klukas

124 Park Blvd.

El Cajon, Ca 92021

Month and Day Due Indicated Below

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

Amount due when paid on, or before
due date above

▶ \$ **25.00**

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

▶ \$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check () if this is new address

*Ch # 3338
12/3/8*

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

Preneed Trust

William & Dorothy Klukas

124 Park Blvd.

El Cajon, Ca 92021

Month and Day Due Indicated Below

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

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

\$ 25.00

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

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

Preneed Trust

William & Dorothy Klukas

124 Park Blvd.

El Cajon, Ca 92021

Month and Day Due Indicated Below

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

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

\$ **25.00**

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

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

Preneed Trust

William & Dorothy Klukas
124 Park Blvd.
El Cajon, Ca 92021

Month and Day Due Indicated Below

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

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



\$ **25.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **H-7701**

Preneed Trust

William & Dorothy Klukas

124 Park Blvd.

El Cajon, Ca 92021

Month and Day Due Indicated Below

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

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



\$ **25.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

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

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

Preneed Trust

**William & Dorothy Klukas
124 Park Blvd.
El Cajon, Ca 92021**

Month and Day Due Indicated Below

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

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

\$ **25.00**

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

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7701

Pruned Trust

William & Dorothy Klukas

124 Park Blvd.

El Cajon, Ca 92021

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above



\$ **25.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

Pressed Trust

**William & Dorothy Klukas
124 Park Blvd.
El Cajon, Ca 92021**

Month and Day Due Indicated Below

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

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



\$ **25.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7701

Pruned Trust

**William & Dorothy Klukas
124 Park Blvd.
El Cajon, Ca 92021**

Month and Day Due Indicated Below

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

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



\$ **25.00**

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

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

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

Pruned Trust

**William & Dorothy Klukas
124 Park Blvd.
El Cajon, Ca 92021**

Month and Day Due Indicated Below

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

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

\$ **25.00**

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

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check () if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7701

Pruned Trust

**William & Dorothy Klukas
124 Park Blvd.
El Cajon, Ca 92021**

Month and Day Due Indicated Below

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

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

\$ **25.00**

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

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check () if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

Preneed Trust

William & Dorothy Klukas

124 Park Blvd.

El Cajon, Ca 92021

Month and Day Due Indicated Below

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

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



\$ **25.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

Pressed Trust

**William & Dorothy Klukas
124 Park Blvd.
El Cajon, Ca 92021**

Month and Day Due Indicated Below

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

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

\$ 25.00

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

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

Pressed Trust

William & Dorothy Klukas

124 Park Blvd.

El Cajon, Ca 92021

Month and Day Due Indicated Below

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

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



\$ **25.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check () if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

Freedom Trust

William & Dorothy Kluhan
124 Park Blvd.
El Cajon, Ca 92021

Month and Day Due Indicated Below

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

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



\$ **25.00**

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check () if this is new address

Use one coupon with each remittance

COUPON

18

NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7701

Pressed Trust

William & Dorothy Klukas
124 Park Blvd.
El Cajon, Ca 92021

Month and Day Due Indicated Below

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

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



\$ 25.00

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



\$ _____

\$ _____

Amount Received

\$ 25.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **2-7701**

Fremont Trust

William & Dorothy Kishas

124 Park Blvd.

El Cajon, Ca 92021

Month and Day Due Indicated Below

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

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



\$ **25.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON 20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **B-7701**

Proposed Trust

**William & Dorothy Klukas
124 Park Blvd.
El Cajon, Ca 92021**

Month and Day Due Indicated Below

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

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



\$ **25.00**

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

Pruned Trust

William & Dorothy Kluge
124 Park Blvd.
El Cajon, Ca 92021

Month and Day Due Indicated Below

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

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



\$ **25.00**

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

Pressed Trust

William & Dorothy Klukas

124 Park Blvd.

El Cajon, Ca 92021

Month and Day Due Indicated Below

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

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

\$

25.00

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

\$

\$

Amount Received

\$

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

Francis Trust

**William & Dorothy Lukas
124 Park Blvd.
El Cajon, Ca 92021**

Month and Day Due Indicated Below

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

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



\$ **25.00**

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check () if this is new address

Send or bring one coupon with each remittance

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7701**

Fremont Trust

William & Dorothy Klukas

124 Park Blvd.

El Cajon, Ca 92021

SECOND COUPONS BOOK WILL BE FORWARDED

Month and Day Due Indicated Below

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

Amount due when paid on or before
due date above

\$ **25.00**

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

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-need Trust*

Dorothy & William Klukas

124 Park Blvd.

El Cajon, Ca. 92021 E-7701

Month and Day Due Indicated Below

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

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



\$ 67.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Trust*

Dorothy & William Klukas

124 Park Blvd.

El Cajon, Ca. 92021

E-7701

Month and Day Due Indicated Below

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

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



\$ *67.00*

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-need Trust*

Dorothy & William Klukas

124 Park Blvd

El Cajon, Ca. 92021 E-7701

Month and Day Due Indicated Below

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

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



\$ 67.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

4

DO NOT MAIL ENTIRE BOOK

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

Dorothy & William Klukas.

124 Park Blvd.

El Cajon, Ca. 92021 E-7701

Month and Day Due Indicated Below

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

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



\$ *67.00*

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

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

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-need Trust*

Donothy & William Klukas

124 Park Blvd.

El Cajon, Ca. 92021 E-7701

Month and Day Due Indicated Below

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

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



\$ 67.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

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

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need Trust*

Dorothy & William Klukas

124 Park Blvd.

El Cajon, Ca: 92021 E-7701

Month and Day Due Indicated Below

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

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



\$ *67.00*

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-need Trust*

Dorothy & William Klukas

124 Park Blvd.

El Cajon, Ca. 92021 E-7701

Month and Day Due Indicated Below

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

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



\$ 67.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check () if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-Need ~~Team~~*

Dorothy & William Klukas

124 Park Blvd.

El Cajon, Ca. 92021

E-7701

Month and Day Due Indicated Below

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

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



\$ *67.00*

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-need Trust*

Dorothy & William Klukas

124 Park Blvd.

El Cajon, Ca. 92021 E-7701

Month and Day Due Indicated Below

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

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



\$ 67.00

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-17-88

✓ You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roy Edward Deun in a Bell Series ^{Vault/Li} Funeral, date, time Wed 10/19 2pm Church, Chapel, Graveside Ward & Howe; Lewis, Carl 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 37 Grave 4 Row _____ Section MAS Division/Block B

Grave space & Care Fund _____

Additional spaces and care fund I need E-3038 _____

Opening/Closing & Setup (not guaranteed) 90.00

Burial Container _____

Handling Fees 39.50

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 129.50

Paid receipt number 36859 129.50

Balance due 0

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

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

Signature of recorded holder of deed _____

Louise Broderick
Signature
4922 Pacific Ln
Address
San Diego CA 92109
State Zip Code
619-581-6016
Telephone

Work Order # E 7702

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7702

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT ROY EDWARD DRUM		SEX male	DATE OF BIRTH Sept 22, 1914	DATE OF DEATH Oct 17, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Louise A. Broderick - sister 4922 Pacifica Drive San Diego, CA 92109		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) 3091 El Cajon Blvd, Levia Colonial/Benbough San Diego, CA 92104		CALIFORNIA LICENSE NUMBER F-480		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery - San Diego, CA (3751 Market St.)		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a 2090 Buteville Rail Highway - Seaber	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a Bell Line		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED OCT 19 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Roman M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/19/88 37-4-MAS-B (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH n/a		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 36859



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 10-18, 1988
From: Louise A. Bradwin Address: 4922 Roselea Dr.
one hundred twenty-nine 50/100 Dollars (\$ 129.50)
In Payment of Roy Edward Drum
Lot 37 Grave 4 Row _____ Section 111A5 Division Block B

Invoice No. _____
Acct. No. _____
W.O. E-7702
BALANCE DUE 0

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
AC-212 (Rev. 10-87) 2454

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.
CITY AUDITOR
OCT 31 1988
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Core	77184	
80% Sales of Lots	100	
Opening/Closing	77184	<u>90.00</u>
Burial Containers	100	
Handling Fee	77182	<u>39.50</u>
Recording & Misc. Fee	100	
Pre-Need Trust	77183	
Sales Tax	83033	
	9822	
	80101	
	78390	
TOTAL PAID	\$	<u>129.50</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10/17/88

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains of Geneva Somers

in a Linear Vault/Liner Funeral, date, time Tuesday 1 P.M. 10/18
Church, Chapel, Graveside Chapel 4 GS; Merrill Mitchell Mortuary.

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

Lot 108 Grave 6 Row — Section 2 Division/~~Block~~ 11

Grave space & Care Fund ... Single Burial Credit 250.00

Additional spaces and care fund ... Box 2 p 5 for 6 days

Opening/Closing & Setup 320.00

Burial Container Onute Bell Liner - min 100.00

Handling Fees labor 145.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 650

Total Due 857.50

Paid receipt number 36848- 816.50

Balance due 0

PAID
OCT 17 1988

~~MT. HOPE CEMETERY~~ husband of the above named decedent
~~CITY OF SAN DIEGO~~ certifies authority for the disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature of recorded holder of dead _____

X. Harper Somers
Signature
5561 Santa Maria Lane
Address
San Diego Co. 92114
City Zip Code
264-2351
Telephone

Work Order # E 7703

CV-683 (REV. 6-86)

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7703

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT GENEVA SOMERS		SEX FEMALE	DATE OF BIRTH MAY 25, 1910	DATE OF DEATH OCT 14, 1988
PLACE OF DEATH—CITY OR TOWN SAN DIEGO		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) SAN DIEGO	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT HARPER I. SOMERS, HUSBAND	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) MERLEY MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		CALIFORNIA LICENSE NUMBER F-119	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 5361 SANTA MARIA TERRACE SAN DIEGO, CA 92114	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED HT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Metal dealer in CA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Bell Line Held by Bill Kelley		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED OCT 17 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DISPOSITION WAS MADE ON 10-18-88	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Loay W. Steltzer	
	108-6-2-11 <small>(ENTER DATE)</small>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE N/A	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36848

Date: 10/17, 1988

From: Harper Somers Address: 5361 Santa Monica Ave - D. 92114

In Full Payment of Interment of ad for Geneva Somers - dec Dollars (\$ 856.50)

Lot 108 Grave 6 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7703
 BALANCE DUE 0

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

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

CITY AUDITOR
OCT 19 1988

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	50	00
30% Sales	100	200	00
Of Lots	77184	320	00
Closing/	100		
Closing	77181	100	00
Burial	100	145	00
Containers	77182		
	100	35	00
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	6	50
	78390		
TOTAL PAID	\$	856	50

Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date

10/17/88

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

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 WW2 +

Lot 628 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 595.00

Additional spaces and care fund none

Opening/Closing & Setup not arranged for

Burial Container at this time

Handling Fees not arranged for

Flower vases - Marker setting fee at this time

Recording and filing fee not arranged for

Sales taxes not arranged for

Pd In full 10-18-81

Total Due 595.00

Paid receipt number #36864 25.00

Balance due 570.00

I hereby certify I am the myself # 44404 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature John E. Cotton
Address 216-55 St. 92114
San Diego CA
State _____ Zip Code _____
Telephone 619-266-0814

Signature of recorded holder of deed _____

Work Order # E 7704
PY-883 (REV. 8-85)

Invoice # _____
Acct. # _____

NAME Cotton, John E.

ACCT. NO. E-7704

ADDRESS 216 55th Street, San Diego, Ca 92114

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
10-17 88	Lot 628, Division 10	595.00			
10-19	Receipt # 36864			25 00	570 00
11-4 88	Receipt # 36923			2500	54500
12-5 88	Coupon # 3			2500	52000
1-4 89	Coupon # 4, Receipt 37161			2500	49500
3-1 89	Coupon # 6, Receipt 37414			5100	44400
4-24 89	Coupon 5, Receipt 37701			2500	41900
6-13 89	Coupon 7, Receipt 38155			2500	39400
7-6 89	Coupon 19, Receipt 38226			26 00	369 00
8-16 89	Coupon 11, Receipt 38432			2500	24400
9-26 89	Coupon 12, Receipt 37973			2500	319 00
9-27 89	Coupon 21, Receipt 37976			2500	294 00
11-24 89	Coupon 13 & 14, Receipt 38594			500	24400
1-29 90	Coupon 2, Receipt 38810			2500	2190
10-18-90	No Coupon # Receipt 41404			219 00	8

PAID IN FULL
10-18-90

OFFICIAL RECEIPT



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

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

E 7704
 No 41404

Date: 10/18, 1991

From: JOHN E. COTTON Address: 216-55th ST, SAN DIEGO, CA 92114

TWO HUNDRED NINETEEN AND 00/100 Dollars (\$ 219⁰⁰)

In Full Payment of credit lot.

Lot 628 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-7704

BALANCE DUE 2

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91) #3063

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

ISSUED BY Robert Jones

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	<u>219⁰⁰</u>
Opening/ Closing	77181	
Burial Containers	77182	
Handling Fee	100	
Recording Misc. Fees	77185	
Pre-Need Trust	83033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>219⁰⁰</u>

CITY AUDITOR

OCT 24 1991

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

E7704
 No 36864

From: John E. Carter Address: 216 55th Street SD Date: 10-20 1988
Attorney - fine no/100 Dollars (\$) 25.00
 In _____ Payment of Credit for Sale

Lot 628 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-7704
 BALANCE DUE 570.00

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

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
 CITY AUDITOR
 OCT 31 1988
 ISSUED BY Jane Ward

CREDS	87007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>25.00</u>
Planning/Closing	77184	
Burial Containers	100	
	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
	100	
	77183	
	63033	
	9022	
	80101	
	79390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

E 7704
No 36923

From: John Callan Address: 216 55th Street, San Diego Date: 11-4, 19 88
Parents - full 20/100 Dollars (\$ 25.00)
In _____ Payment of Mount pot

Lot 628 Grave _____ Row _____ Section _____ Division 10
Block 10

Invoice No. _____
Acct. No. _____
W.O. E-7704
BALANCE DUE 25.00

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

ISSUED BY Andrea Pugh

CREDIT	67007	
20% Sales Tax	77184	
60% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77186	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	
Sales Tax	60101	
	78390	
TOTAL PAID		<u>25.00</u>

CITY AUDITOR
NOV 15 1988

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
AC-212 (Rev. 10-87) 2070

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E 7704
 No. 37035

From: John E. Carter Address: 216 55th Street
San Diego, Calif 92110
 In _____ Payment of coupon & credit Dollars (\$ 25.00)

Date: 12-5 1988

Lot 628 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7704

BALANCE DUE 520.00

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

AC-212 (Rev. 10-87)

2035

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

CITY AUDITOR
 DEC 9 1988

ISSUED BY Andrea Ward

CREDIT	57007	
20% Sales Cars	77184	
80% Sales of Lots	100	<u>25 00</u>
Planning/Clipping	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78290	
TOTAL PAID	\$	<u>25 00</u>

E 7704
No 37161

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 1-4 1989

From: Johi Walter Address: 216. 55th Street, SD

Invoice - your no 1100 Dollars (\$ 25.00)

In Payment of Coupon & Credit set

Lot 628 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
Acct. No. _____
W.O. E-7704
BALANCE DUE 445.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.
CITY AUDITOR
JAN 09 1989
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
50% Sales	100	<u>25.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>25.00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
2085

E7704
No 37414

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 2-1 19 89

From: John Cotton Address: 216 5th Street, SD 92114

In 51.00 Dollars (\$ 51.00)
Payment of Coupon 586 Credit Lat

Lot 628 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
Acct. No. _____
W.O. 2-7704
BALANCE DUE 444.00

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

CITY AUDITOR
MAR 06 1989

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	51.00
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	76360	
TOTAL PAID	\$	51.00

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

AC-212 (Rev. 10-87) 234172342

ISSUED BY Andra Wood

E7704
No 37701

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

From: John E. Cotton Address: 276 55th Street, SD
Point, - fine 2/10 Date: 4-24 1989
In _____ Payment of Coupon 5 Credit Lot Dollars (\$ 25.00)

Lot 628 Grave _____ Row _____ Section _____ Division 10
BLOCK

Invoice No. _____
Acct. No. _____
W.O. 2-17704
BALANCE DUE 419.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
PAID IN THIS SPACE

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>25 00</u>

CITY AUDITOR
MAY 01 1989

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
AG-212 (Rev. 10-87) 2379

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E7704
NE 38155

Date: 6-13, 1989

From: John Patton Address: 216 55th Street, SD

In Parents - joint names Payment of coupon 7 Credit Lot Dollars (\$) 25.00

Lot 628 Grave _____ Row _____ Section _____ Division 10
Block _____

Invoice No. _____

Acct. No. _____

W.O. 2-7704

BALANCE DUE 394.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

2414

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	8022	
TOTAL PAID	80101	<u>25.00</u>
	78380	

CITY AUDITOR
JUN 15 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No **E 7704**
38226

Date: July 6, 19 89

From: John E Cotton Address: 216 35th Street

Twenty five Dollars (\$ 25 00)

In Payment of Credit for credit lot

Lot 628 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7704

BALANCE DUE 369.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

2252

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

ISSUED BY Sharon K Green

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>2 25 00</u>

CITY AUDITOR
JUL 10 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E 7704
 No 38432

Date: 8-16, 1989

From: John E. Carter Address: 216 53th Street, SD

Twenty - Five Dollars (\$25.00)

In Payment of Usage on 11 Credit Lot

Lot 628 Grave _____ Row _____ Section _____ Division Block 10

Invoice No _____

Acct. No _____

W.O. 8-7704

BALANCE DUE 244.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 2460

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

CITY AUDITOR
AUG 21 1989

ISSUED BY Andrea [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78990	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No. ^{E7704} 37973

From: John E. Cotton Address: 216 55th Street, San Diego
the city, since noted
 Dollars (\$) 25.00
 In _____ Payment of Credit Lot Coupon 12

Date: 9-29, 1989

Lot 625 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E - 7704
 BALANCE DUE 319.00

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

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

ISSUED BY [Signature]
2520

CITY AUDITOR
 OCT 02 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E7704
 NO 37976

Date: 9-27, 19 89

From: John E. Cotton Address: 216 55th Street, San Diego

Twenty-five Dollars (\$ 25.00)

In Payment of Coupon - 21 Credit set

Lot 628 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 2-7704

BALANCE DUE 294.00

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

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	83033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>25 10</u>

ISSUED BY Andy Ward
1346

OCT 02 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
254-3151

E-7704
38594

Date: 11-24 19 89

From: John E. Cotton Address: 216 55th Street, San Diego

fifty Dollars (\$ 50.00)

In Payment of Coupon 13 & 14 Credit Set

Lot 628 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7704

BALANCE DUE 244.00

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

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>50.00</u>

CITY AUDITOR
50
DEC 04 1989

2481-2547

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 267-3151

No **E-7704**
38810

From: John E. Cotton Address: 216 55th St. S.D. 92114 Date: 1-29, 1990
Twenty-Five Dollars Dollars (\$ 25.00)
 In _____ Payment of Credit Lot

Lot 629 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____
 Acct. No. _____
 W.O. E-7704
 BALANCE DUE \$219.00

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

ISSUED BY J. White

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>25</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

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

Send or bring ~~any~~ coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7704

Credit Lot

John E. Cotton
216 55th Street
San Diego, Ca 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
										10	1990

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



\$ 25.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 26.00

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

ACCOUNT No.

E-7704

Credit Lot

John E. Cotton
 216 55th Street
 San Diego, Ca 92114

Month and Day Due Indicated Below

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

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

▶ \$ 25.00

Amount due if paid more than 10 days
 after due date above.

▶ \$ 1.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

ACCOUNT No.

E-7704

Credit Lot

John E. Cotton
 216 55th Street
 San Diego, Ca 92114

Month and Day Due Indicated Below

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

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



\$ 25.00

Amount due if paid more than 10 days
 after due date above.



\$ 1.00

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7704**

Credit Lot

John E. Cotton
216 55th Street
San Diego, Ca 92114

Month and Day Due Indicated Below

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

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



\$ 25.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received \$ _____

NAME JOHN E. COTTON

ADDRESS 216-55-ST.

CITY SAN DIEGO STATE CA ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7704

Credit Lot

John E. Cotton

216 55th Street

San Diego, Ca. 92114

Month and Day Due Indicated Below

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

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

\$ 25.00

Amount due if paid more than **10** days
after due date above.

\$ 1.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7704

Credit Lot

John E. Cotton

216 55th Street
San Diego, Ca 92114

APRIL

Month and Day Due Indicated Below

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

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



\$ 25.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7704

Credit Lot

**John E. Cotton
216 55th Street
San Diego, Ca 92114**

Month and Day Due Indicated Below

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

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



\$ 25.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7704

Credit Lot

**John E. Cotton
216 55th Street
San Diego, Ca 92114**

Month and Day Due Indicated Below

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

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

▶ \$ **25.00**

Amount due if paid more than **10** days
after due date above:

▶ \$ **1.00**

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7706

Credit Lot

John E. Cotton
216 55th Street
San Diego, Ca 92114

Month and Day Due Indicated Below

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

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



25.00

\$

Amount due if paid more than 10 days
after due date above.



1.00

\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7704**

Credit Lot

**John K. Cotton
216 55th Street
San Diego, Ca 92114**

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
									10 <i>2/27/76</i>		

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



\$ **25.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

E-7706

Credit Lot

ACCOUNT No.

**John E. Cotton
216 55th Street
San Diego, Ca 92114**

Month and Day Due Indicated Below

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

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



25.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7704**

Credit Lot

**John E. Cotton
216 55th Street
San Diego, Ca 92114**

Month and Day Due Indicated Below

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

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



25.00
\$ _____

Amount due if paid more than **10** days
after due date above.



1.00
\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7704

Credit Lot

**John E. Cotton
216 55th Street
San Diego, Ca 92114**

Month and Day-Due Indicated Below

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

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



\$ **25.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

J. E-7704

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 17 day of October, 1988, between John E. Cotton, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 638, Grave —, Row —, Section —, ~~Block~~/Division 10, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$, payable as follows: \$ 525⁰⁰ cash herewith, the receipt of which is hereby acknowledged; \$ 25⁰⁰ on the 18 day of October, 1988; and the balance in installments of \$ 25⁰⁰ or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

E-7704

WITNESS our hands this day and year above written.

Deed to be issued to:

John E. Cotton
Name

216-55th St
Address

S.D. ~~92114~~ 92114

Payment book for
22 @ \$25.00 mo.
1 @ 20.00

PURCHASER

John E. Cotton

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: [Signature]

Credit Sale

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/17/88

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

of Harper I Somers

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 WW2 Korea - Navy.

✓ Lot 108 Grave 5 Row - Section 2 Division/Block 11

Grave space & Care Fund 250.00

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 250.00

Paid receipt number 36850 15.00

Balance due 235.00

} none necessary for
at this time -

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # **E 7705**

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

No 37443



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Date: _____, 19__

From: Yvonne Jones Address: 5301 Santa Monica Ave
with address 2071 Dollars (\$ 600)

In _____ Payment of 13-16 weeks dit

Lot 128 Grave 5 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7705
 BALANCE DUE 0

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

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

CITY AUDITOR
MAR 10 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	500
80% Sales of Loss	100	500
Opining/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	60033	500
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	600

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
294-3151

No. 36850



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

Date: 10/17, 1988

From: Harper, James Address: _____
1515 15th Ave
In Deposit Payment of on credit Dollars (\$ 15.00)

Lot 108 Grave 5 Row _____ Section 2 Division Block 11

Invoice No. _____
Acct. No. _____
W.O. E-7705
BALANCE DUE 235.00

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

CITY AUDITOR
OCT 19 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>15.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>15.00</u>

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 36918

Date: 11-4 1988

From: Shirley Jones Address: 5351 Santa Monica Ave, SD

three dollars no 100 Dollars (\$ 3.00)
 In Payment of Voucher 172 Credit Lot

Lot 108 Grave 5 Row _____ Section 2 Division 11 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. 2-7705
 BALANCE DUE 205.00

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

ISSUED BY India Ward

2287

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	77184	<u>30.00</u>
Opening/Closing	100	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fee	77183	
Pre-Need Trust	83033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>30.00</u>

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

CITY AUDITOR
 NOV 15 1988

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37083

Date: 12-9, 1988

From: Harper Inner Address: 5361 Santa Maria Ter, SD

Int - June 92/100 Dollars (\$ 45.92)

In Payment of Coupon 3.84 and a flower cup
credit set

Lot 108 Grave 5 Row _____ Section 2 Division 11 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7705
 BALANCE DUE 175.00

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

ISSUED BY Andrea Ward

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>30.00</u>
Opening/Closing	77184	
	100	
Burial Containers	77181	
	100	<u>5.00</u>
	77182	
	100	<u>6.00</u>
Handling Fee	77185	
Recording & Misc. Fees	77186	
Pre-Need Trust	60033	
	8022	
Sales Tax	60101	<u>3.2</u>
	78390	
TOTAL PAID	\$	<u>45.92</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
0241

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37249

Date: 1-23 1989

From: Harper James Address: 5367 Santa Maria St. S.D.

Sister's bill Dollars (\$ 60.00)
 In _____ Payment of Coupon 5-8 Credit for

Lot 108 Grave 5 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7705
 BALANCE DUE 115.00

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

AC-212 (Rev. 10-87)

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

ISSUED BY Andrea Ward

CREDIT	67007
20% Sales Care	77184
80% Sales of Lots	100
Opening/Closing	77181
Burial Containers	77182
Handling Fee	77185
Recording & Misc. Fees	77183
Pre-Need Trust	69033
Sales Tax	60101
	78390
TOTAL PAID	\$ <u>60.00</u>

CITY AUDITOR
 JAN 29 1989

OFFICIAL RECEIPT

No 37377



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

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

Date: 2-21 1989

From: Harpur James Address: 5361 Santa Monica St, Sd

sixty dollars 10/100 Dollars (\$ 60.00)

In Payment of Coupon 9-1/2 Credit lot

Lot 108 Grave 5 Row _____ Section 2 Division 11 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7105

BALANCE DUE 55.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AG-212 (Rev. 10-87)

2314

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

CITY AUDITOR
FEB 24 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	<u>60 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	8022	
Sales Tax	80101	
	78300	
TOTAL PAID	\$	<u>60 00</u>

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7705

Credit Lot

Harper I. Somer
5361 Santa Maria Terrace
San Diego, Ca 92114

Month and Day Due Indicated Below

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

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



\$ 15.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 16.00

Amount Received \$ 15.00

NAME HARPER I. SOMERS

ADDRESS 5361 Santa Maria Terr.

CITY San Diego STATE CA. ZIP 92114

check if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7705

Credit Lot

Harper I. Somers
5361 Santa Maria Terrace
San Diego, Ca 92114

Month and Day Due Indicated Below

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

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



\$ 15.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 16.00

Amount Received \$ 15.00

NAME HARPER I SOMERS

ADDRESS 5361 SANTA MARIA TERR

CITY San Diego STATE CA. ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7705**

Credit Lot

Harper I. Somer
5361 Santa Maria Terrace
San Diego, Ca 92114

Month and Day Due Indicated Below

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

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



\$ 15.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received \$ _____

NAME HARPIER ISOMERS

ADDRESS 5361 SANTA MARIA TERR

CITY SAN DIEGO STATE CA ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7706**

Credit Lot

Harper I. Somers

5361 Santa Maria Terrance

San Diego, Ca 92114

Month and Day Due Indicated Below

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

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



\$ 15.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received \$ _____

NAME HARPER I SOMERS

ADDRESS 5361 Santa Maria Terr.

CITY San Diego STATE CA ZIP 92114

check if this is new address

or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7705

Credit Lot

Harper I. Somer
5361 Santa Maria Terrace
San Diego, Ca 92114

Month and Day Due Indicated Below

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

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



\$ 15.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received

\$ 15.00

NAME Harper I. Somers

ADDRESS 5361 Santa Maria Terrace

CITY San Diego **STATE** CA **ZIP** 92114

check (✓) if this is new address

or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7705**

Credit Lot

**Harper I. Somers
5361 Santa Maria Terrance
San Diego, Ca 92114**

Month and Day Due Indicated Below

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

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



\$ 15.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received

\$ 15.00

NAME Harper I. Somers

ADDRESS 5361 Santa Maria Terr

CITY San Diego STATE CA ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7705

Credit Lot

**Harper I. Somer
5361 Santa Maria Terrace
San Diego, Ca 92114**

Month and Day Due Indicated Below

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

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



\$ 15.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received \$ 15.00

NAME Harper I. Somers

ADDRESS 5361 Santa Maria TERR

CITY San Diego STATE CA ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7705**

Credit Lot

Harper I. Somers

5361 Santa Maria Terrace

San Diego, Ca 92114

Month and Day Due Indicated Below

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

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



\$ 15.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received

\$ 15.00

NAME HARPER SOMERS

ADDRESS 5361 Santa Maria TERR

CITY SAN DIEGO

STATE CA

ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7705**

Credit Lot

Harper I. Somer
5361 Santa Maria Terrace
San Diego, CA 92114

Month and Day Due indicated Below

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

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

\$ **15.00**

Amount due if paid more than **10** days
after due date above.

\$ **1.00**

\$ _____

Amount Received

\$ **15.00**

NAME **HARPER I Somer**

ADDRESS **5361 Santa Maria Tr**

CITY **San Diego** STATE **CA** ZIP **92114**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7705

Credit Lot

**Harper I. Somers
5361 Santa Maria Terrace
San Diego, Ca 92114**

Month and Day Due Indicated Below

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

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



\$ 15.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received

\$ 15.00

NAME HARPER SOMERS

ADDRESS 5361 Santa Maria Tr

CITY San Diego STATE CA ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7705

Credit Lot

**Harper I. Somer
5361 Santa Maria Terrace
San Diego, Ca 92114**

Month and Day Due Indicated Below

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

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



\$ **15.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received

\$ **15.00**

NAME HARPER I. SOMERS

ADDRESS 5361 SANTA MARIA TR

CITY San Diego STATE CA ZIP 92114

check (✓) if this is new address

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

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7705**

Credit Let

Harper I. Somers
5361 Santa Maria Terrace
San Diego, Ca 92114

Month and Day Due Indicated Below

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

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

\$ 15.00

Amount due if paid more than 10 days
after due date above.

\$ 1.00

\$ _____

Amount Received \$ 15.00

NAME HARPER I SOMERS

ADDRESS 5361 Santa Maria Tr

CITY San Diego STATE CA ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7705**

Credit Lot

HARPER I. SOMER
5361 Santa Maria Terrace
San Diego, Ca 92114

Month and Day Due Indicated Below

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

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



\$ **15.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ **15.00**

NAME **HARPER I. SOMERS**

ADDRESS **5361 Santa Maria Terr**

CITY **San Diego** STATE **Ca.** ZIP **92114**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **R-7705**

Credit Lot

Harper I. Somers

5361 Santa Maria Terrace

San Diego, Ca 92114

Month and Day Due Indicated Below

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

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



\$ **15.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ **15.00**

NAME **HARPER I. SOMERS**

ADDRESS **5361 Santa Maria Terr.**

CITY **San Diego** STATE **CA** ZIP **92114**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7705**

Credit Lot

Harper I. Somer
5361 Santa Maria Terrace
San Diego, Ca 92114

Month and Day Due Indicated Below

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

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

▶ \$ 15.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ _____

Amount Received \$ 15.00

NAME HARPER / SOMERS

ADDRESS 5361 Santa Maria TERR.

CITY San Diego STATE CA ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7705**

Credit Lot

**Harper I. Somers
5361 Santa Maria Terrace
San Diego, Ca 92114**

Month and Day Due Indicated Below

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

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



\$ 15.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received \$ 15.00

NAME HARPER I. SOMERS

ADDRESS 5361 Santa Maria Terr.

CITY San Diego STATE Ca. ZIP 92114

check if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 10-17

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

of Mrs. Elizabeth Talley

in a Full Service Funeral, date, time Wed 10/19 10:00

Church, Chapel, Graveside Chapel of Hope Mrs. Eubank, Elmer Monday.

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 1676 Grave _____ Row _____ Section 3 Division 8

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 606.50

Total Due 606.50

Paid receipt number 36851 606.50

Balance due 0

I hereby certify I am the Daughter of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent

that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from

any liability on account of said authorization and interment.

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

Signature of recorded holder of deed _____

Signature Loren B. Spert

Address 10250 Progress Sp 63

State San Diego Ca 92071

City 448-4451 Zip Code _____

Telephone _____

Work Order # E 7706

Invoice # _____

Acct. # _____

Work Order # E 7706

Invoice # _____

Acct. # _____

Work Order # _____

Invoice # _____

Acct. # _____

Work Order # _____

Invoice # _____

Acct. # _____

Work Order # _____

Invoice # _____

Acct. # _____

Work Order # _____

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7706

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Mary Elizabeth Talley		SEX Female	DATE OF BIRTH Aug. 9, 1899	DATE OF DEATH Oct. 15, 1988
PLACE OF DEATH—CITY OR TOWN El Cajon	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Lorena B. Spratt-Daughter 10250 Prospect Avenue #63 Santee CA, 92071		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Paris-Fredrick Mortuary-374 E. Magnolia Avenue		CALIFORNIA LICENSE NUMBER 795		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery-3751 Market Street., San Diego CA, 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Pink arlington - wooden - cloth covered	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE (OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION) Levin		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED OCT 18 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/19/88 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Ramos, M.D.	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Leona Talley	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

No 36851



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

From: Arnes Spratt Address: 10250 Proser St Apt 63, Aptee Date: 10-17, 1988
St. Bernard St 50110
 Dollars (\$ 606.50)
 In _____ Payment of Mary E. Talley's Interest

Lot 1670 Grave _____ Row _____ Section 3 Division 8 Block _____

Invoice No. _____

Acct. No. _____

W.O. 2-7706

BALANCE DUE 3096

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

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

CITY AUDITOR
 OCT 19 1988

ISSUED BY Arnes Spratt

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	320.00
Burial Containers	100	100.00
Handling Fee	77185	145.00
Recording & Misc. Fees	77183	35.00
Pre-Need Trust	63033	
Just	9022	
Sales Tax	60101	6.50
	78390	
TOTAL PAID	\$	606.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/17/88

MESHACK

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

of David Troy Meshack

in a T.S. Vault Funeral, date, time Wed - 10/19/88 - 1PM

Church, Chapel, Graveside Chapel - G.S. Calif/Bernal Mortuary.

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

and billed to undersigned. War time veteran NO

✓ Lot 133 Grave 6 Row - Section 2 Division/Block 12

Grave space & Care Fund 495⁰⁰

Additional spaces and care fund

Opening/Closing & Setup 320⁰⁰

Burial Container Topsoil Concrete Vault 175⁰⁰

Handling Fees Labor 170⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 35⁰⁰

Sales taxes 11.37

Total Due 1206.37

Paid receipt number _____

Balance due _____

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

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

Billie J. Meshack
Signature 4150 417th #12
Address S.D Ca 92105
State 584-4411 Zip Code
Telephone

Signature of recorded holder of deed _____

Work Order # E 7707

PY-683 (REV. 9-85)

Invoice # 075482

Acct. # 028037

30 day note

W.O. # E-7707

NOTE

\$ 1206 ³⁷/_{xx}

San Diego, California

October 19 19 88

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Twelve Hundred and 37/100 DOLLARS with interest from Now 20, 1988 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME _____

SIGNATURE Billie J. Mesback

ADDRESS _____

CALIF. DRIVERS LIC. # 1 M0430831

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E7707

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT David Troy MESHACK		SEX Male	DATE OF BIRTH 10-3-1970	DATE OF DEATH 10-11-1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Billie J. Meshack, (Mother) 4150 41st Street #12 San Diego, CA 92105	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) CALIFORNIA CREMATION & BURIAL CHAPEL 5607 El Cajon Blvd. San Diego, CA 92115		CALIFORNIA LICENSE NUMBER F-1357		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- 10. DISPOSITION PENDING

FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR REMAINS TO BE INTERRED Hope Cemetery San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED 10/19/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A <i>Comets Vault - "Much Oxyg"</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <i>[Signature]</i>
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED OCT 17 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/19/88 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

FUNERAL/BURIAL VERIFICATION

E7707 ARU

STATE OF CALIFORNIA

GEORGE DEUKMEJIAN, Governor

STATE BOARD OF CONTROL

VICTIMS OF CRIME PROGRAM
P.O. BOX 3036
SACRAMENTO, CA 95812-3036



(916) 322-4426

MT. HOPE CEMETERY
3751 MARKET ST.
SAN DIEGO, CA 92102

DATE: 11-14-88
148934 v
BILLIE MESHACK
(Applicant)

Deceased Victim: DAVID MESHACK

Date of Death: 10-11-88

A claim has been filed with the California Victims of Crime Program for Funeral/Burial expenses related to the above-referenced victim and applicant. In order for this claim to be processed, please send a copy of the contract and the itemized statement, complete the lower portion of this form, and return these documents in the enclosed self-addressed envelope.

An Authorization for Information is enclosed for your records. If you have any questions, please feel free to contact the undersigned. Thank you for your cooperation in this matter.

Sincerely,

D.H.

Claims Specialist
(916)

Enclosures

THE STATE REQUIRES A FULLY DOCUMENTED CLAIM. YOUR PROMPT REPLY ASSURES QUICK RESOLUTION. THANK YOU.

ALL INFORMATION REQUESTED IN THIS FORM MUST BE RETURNED TO THE BOARD WITHIN 10 BUSINESS DAYS. (Government Code Section 13962(b)).

WHO CONTRACTED FOR THIS EXPENSE? \$ <u>Billie J. Meshack</u>		WAS THIS A PRE-NEED PURCHASE? (IF SO, PROVIDE CONTRACT)	
FUNERAL EXPENSES \$	BURIAL EXPENSES \$ <u>1206.37</u>	HEADSTONE EXPENSES \$	YOUR FACILITY'S TOTAL EXPENSE \$
SOCIAL SECURITY BENEFIT \$	VETERAN'S BENEFIT \$	INSURANCE PAYMENT \$	PAID BY CLAIMANT \$ <u>Billie J. Meshack</u>
OTHER PAYMENTS - FROM WHOM? \$			BALANCE \$ <u>-0-</u>
NAME OF INSURANCE COMPANY		ADDRESS	CITY STATE ZIP
POLICY NUMBER	POLICY HOLDER		PHONE ()
COMMENTS			

SIGNATURE George W. Stelter DATE 11/21/88
TITLE Cemetery Manager PHONE 619 264-3151

E 7707

SECTION 8 - AUTHORIZATION TO OBTAIN INFORMATION

APPLICANT'S NAME (PRINT) Billie J. Meshack	MEDICAL NO N/A	VICTIM'S NAME(S) (PRINT) DAVID TROY Meshack	MEDICAL NO N/A
	MEDICARE NO		MEDICARE NO

Pursuant to Section 13959 et seq., California Government Code - Aid to Victims of Crimes.

I HEREBY VOLUNTARILY CONSENT AND AUTHORIZE the State Board of Control, or their representatives, to examine this application and all employment, funeral/burial, or medical records, including diagnosis, prognosis, or evaluations, necessary for the verification of those losses claimed; and records of all sources of recovery pertaining to losses claimed, including but not limited to governmental or private unemployment and disability insurance, donations, Social Security benefits, Veterans Administration benefits, and governmental or private health or hospital/medical insurance benefits.

I further authorize the examination of all Federal and State tax data and/or tax returns which I provide for income verification purposes, and waive all legal privileges pertaining to such as would otherwise apply.

I understand this authorization is granted for a period of one year, for the purpose of pursuing a claim under the Victims of Crime Program, pursuant to California Government Code Section 13959 et seq. I further authorize the use of a photo copy of this release, as being as valid as the original.

Billie J. Meshack
Applicant Signature

10-21-88
Date Signed

SECTION 9 - AUTHORIZATION & ASSIGNMENT TO PAY BENEFITS TO PROVIDERS OF SERVICE

APPLICANT'S NAME (PRINT) Billie J. Meshack	VICTIM'S NAME(S) (PRINT) DAVID TROY Meshack
--	---

I hereby authorize and assign payment directly to any medical and/or funeral/burial provider of services described within this claim, should reimbursement or payment of these service be approved by the State Board of Control.

The execution of the assignment of benefits does not guarantee payment by the State Board of Control to the applicant or the provider of services.

Billie J. Meshack
Applicant Signature

10-21-88
Date Signed

SECTION 10 - CLAIMANT'S REPRESENTATIVE INFORMATION

NAME Juba H. Holly	NAME OF FIRM OR ORGANIZATION	PHONE NUMBER ()
ADDRESS	STREET	CITY
		STATE
		ZIP CODE

E-7707

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
November 21, 1988	E-7707

TO: Billie J. Meshack
4150 41th Street, #12
San Diego, Ca 92105

DESCRIPTION OF CHARGE	AMOUNT
David Toy Meshack's Interment	
Lot 133, Grave 6, Section 2, Division 12	\$ 495.00
Opening/Closing	320.00
Top Seal Vault	175.00
Handling Fee	170.00
Recording Fee	35.00
Tax on Vault	11.37
Total Due	\$1,206.37
Payment Received November 17, 88	<u>-1,206.37</u>
Balance Due	-0-

Joseph [Signature]
Cemetery mgr
11/21/88

OFFICIAL RECEIPT

11/28

No 36984



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

From: Public Mastack Address: 4150 41st #12, San Diego Date: 11-17 1988

In _____ Payment of David Mastack's Interment Dollars (\$ 1206.37)

Lot 133 Grave 6 Row _____ Section 2 Division 12 Block 12

Invoice No. 075482
Acct. No. 028037
W.O. 2-7707
BALANCE DUE 6

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>1206.37</u>

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


531

075482 10/27/88 028037 BILLIE J. MESHACK

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

11/17/88 CK 531
77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

1,206.37
320.00
175.00
35.00
396.00
170.00
11.37
99.00

1,206.37 PAID IN FULL 0.00


9-7709

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 1,846.37

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-11-88

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

of Velma Penney

in a Bell Tower Funeral date, time Wed 10/19 1:30

Church, Chapel, Graveside Chapel of the Goodbody Mortuary.

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

and billed to undersigned. War time veteran _____

Lot 57 Grave 10 Row _____ Section 1 Division/Block 11

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 6.50

Total Due 606.50

Paid receipt number 36853 606.50

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature Ralph J. Strand

Address 5240 QUINCE ST.

City SAN DIEGO CA. 92105 Zip Code

Telephone (619) 262-1856

Work Order # E 7708
Pr-503 (REV. 9-86)

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7708

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT VELMA PINNEY,		SEX Female	DATE OF BIRTH August 12, 1904	DATE OF DEATH October 17, 1988
PLACE OF DEATH—CITY OR TOWN Lemon Grove	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Ralph F. Shard son-in-law	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Godbody Mort., 5027 El Cajon Blvd, San Diego, CA		CALIFORNIA LICENSE NUMBER F 790		
		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 5240 Quince Street San Diego, California 92105		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED N/A	SIGNATURE OF PERSON IN CHARGE OF CREMATORY [Signature]	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT [Signature]	
			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED OCT 18 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/19/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 36853

From: Mr. Nord Address: 5240 Quince St # 92105 Date: 10-17 1988
 in Five hundred and fifty 50/100 Dollars (\$ 606.50)
 Payment of Velma Berney's Interment

Lot 51 Grave 10 Row _____ Section 1 Division 11
 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-7708
 BALANCE DUE 6

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

AC-212 (Rev. 10-87)

2341

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
 CITY AUDITOR
OCT 19 1988
 ISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184		
30% Sales of Lots	100		
Opening/Closing	77181	<u>320 00</u>	
Burial Containers	100	<u>100 00</u>	
Handling Fee	77182	<u>145 00</u>	
Recording & Misc. Fees	77183	<u>35 00</u>	
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>6 50</u>	
	79380		
TOTAL PAID	\$	<u>606 50</u>	

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37260

Date: 1-26, 1989

From: Mr. Ralph Had Address: 5240 Quince St SD

one hundred thirty-five no Dollars (\$ 135.00)

In Payment of Marker Installation fee
Wilma Penney

Lot 57 Grave 10 Row _____ Section 1 Division 11
 Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-17706

BALANCE DUE _____

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR
FEB 06 1989

ISSUED BY Ralph Had

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	<u>135.00</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-17-88

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

of Sula Mae Deckett
 in a Top Seal Vault Funeral, date, time Fri 10/21 1:30
Vault/Liner
 Church, Chapel, Graveside Church & Home, Rosedale 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 61 Grave 7 Row _____ Section 2 Division Block 11

Grave space & Care Fund	<u>495.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>320.00</u>
Burial Container	<u>175.00</u>
Handling Fees	<u>170.00</u>
Flower vases - Marker setting fee	
Recording and filing fee	<u>35.00</u>
Sales taxes	<u>11.37</u>
	<u>206.37</u>

Total Due

Paid receipt number 12/7/88 206.37

2/02/89 Balance due 0

30 days notice

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 _____

Janie Lewis
 Signature
2786 Karaman St
 Address
San Diego, Ca. 92139
 State Zip Code
475-9637
 Telephone

Work Order # E 7709
 PY-683 (REV. 8-85)

[Redacted area]

W.O. # 2-7709

NOTE

\$ 1206.37 San Diego, California

October 12 19 88

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of One thousand two hundred and 37/100 DOLLARS with interest from 12-21-88 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME Susie Lewis SIGNATURE Susie Lewis

ADDRESS 2786 Yuccaman St., S.D., Ca. 92139

CALIF. DRIVERS LIC. # 50437412

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7709

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Lula Mae Duckett		SEX Female	DATE OF BIRTH July 22, 1929	DATE OF DEATH October 14, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Susie L. Lewis - Daughter 2786 Kaufman Street San Diego, CA 92139	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary 5050 Federal Blvd.		CALIFORNIA LICENSE NUMBER F1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Steel Non-Sealer	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
		DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED OCT 18 1988
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramon, M.D.</i>	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/21/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Leoyun Steffen</i>	
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH P.O. Box 85222 San Diego, CA 92138-5222 San Diego, Dept. of Health Services		

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

075485 10/27/88 028040 SUSIE LEWIS

E-7709

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

12/07/88 CK 311

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

100.00
26.53
14.51
2.90
32.83
14.09
0.94
8.20

1,206.37

1,106.37
PARTIAL PAYMENT

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

184811

Date 10-18-88

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

of Erol Steauer
in a Bell Liner Vault/Liner Funeral, date, time Thurs. 10/20 2pm
Church, Chapel, Graveside Chapel of Mt. Carmel 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 _____ imperial fete

✓ Lot 20 Top Dip Grave _____ Row _____ Section 100F Division/Block 31

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____

Total Due 35.00

Paid receipt number 36858 35.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Norathy Borja
Signature _____
757 Seannada
Address _____
Santi Diego 9414
City _____ Zip Code _____
262-6340
Telephone _____

Work Order # E 7710
PY-593 (REV. 8-85)

Invoice # _____
Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7710

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT EARL - SHEARER		SEX Male	DATE OF BIRTH Aug. 1, 1907	DATE OF DEATH Oct. 17, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Dorothy M. Barajas-Daughter 752 Joanna Drive San Diego, CA 92114
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Conrad Lemon Grove Mortuary 7387 Broadway-Lemon Grove, CA 92045		CALIFORNIA LICENSE NUMBER F 941		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4 SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED N/A	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Rick Hinkle</i>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A <i>Bell liner on top DIP - not too much cover -</i>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT	
			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED OCT 18 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D.M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/20/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Rayen State</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36858

Date: 10-18, 1988

From: Indelia Lopez Address: 752 JOURNAL BL, SD 92114
thirty-five Dollars (\$ 35.00)

In _____ Payment of Recording Fee for
Earl Hoover

Lot 20 Grave _____ Row _____ Section TODF Division Block 31

Invoice No _____

Acct. No _____

W.O. 8-7710

BALANCE DUE 8

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

AC-212 (Rev. 10-87)

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

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77181	
Handling Fee	100	
Recording & Misc. Fees	77183	<u>35.00</u>
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78380	
TOTAL PAID	\$	<u>35.00</u>

CITY AUDITOR
 OCT 31 1988

MT. HOPE CEMETERY
INTERMENT ORDER
 City of San Diego

Trust

Date 10/18/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mrs. P. Morgan in a Top Seal 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 NO.

Lot 10 Grave 14 Row _____ Section 8 Division/~~Block~~ 5

Grave space & Care Fund See B-7725 _____

Additional spaces and care fund none _____

Opening/Closing & Setup _____ 320⁰⁰

Burial Container Top Seal Vault _____ 175⁰⁰

Handling Fees Labor _____ 170⁰⁰

Flower vases - Marker setting fee _____ _____

Recording and filing fee _____ 35⁰⁰

Sales taxes _____ 11³⁹

Total Due _____ 711.39

Paid receipt number 36857 711.39

Balance due 0

PAID
 OCT 18 1988
 MT. HOPE CEMETERY
 CITY OF SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed _____

x Andrew E Morgan
 Signature
 x 1905 S. Broadway St
 Address
 x San Diego, Ca 92111
 State
 x (619) 271-4766 Zip Code
 Telephone

Work Order # E 7711
 PY-683 (REV. 8-85)

Invoice # _____
 Acct. # _____

OFFICIAL RECEIPT



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

Trust
CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

004419

No 36857

Date: 10/18 1988

From: Andrew E Morgan Address: 1902 Abbe St - San Diego 92111

Seven Hundred and 39/100 Dollars (\$ 711³⁹)

In Full Payment of For the future need of
Nora P. Morgan

Lot 10 Grave 14 Row _____ Section 8 Division 5

Invoice No. _____

Acct. No. _____

W.O. E-7711

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AG-212 (Rev. 10-87) 0535

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

CREDIT	87007		
90% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Grav	100		
Containers	77181		
	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77185		
Sales Tax	100		
	89033		
	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>711</u>	<u>39</u>

ISSUED BY: Gregory [Signature]

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-18-88

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

of Alice P. Taylor

in a Bell Services Funeral, date, time Tues 10/24 3pm

Church, Chapel, Graveside Chareside Pacific Beach 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 2742 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 350.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Seles taxes 6.50

Total Due 606.50

Paid receipt number 36988 606.50

Balance due 0

*Will Mail
payment*

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

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

Carl Taylor Jr
Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Signature of recorded holder of deed _____

Work Order # E 7712

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7712

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT ALICE P. TEXTOR		SEX FEMALE	DATE OF BIRTH OCT. 30, 1900	DATE OF DEATH OCT. 18, 1988
PLACE OF DEATH—CITY OR TOWN LA JOLLA		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) SAN DIEGO	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT CARL F. TEXTOR, JR.—SON 304 N. MAIN ST., APT. 19 COUPEVILLE, WA 98239	
NAME AND ADDRESS OF FUNERAL DIRECTOR (IF OTHER THAN THE ISSUING OFFICE) PACIFIC BEACH MORTUARY—SAN DIEGO, CA 92109		CALIFORNIA LICENSE NUMBER 815		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY—3751 MARKET ST.—SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED <i>Octgan Cloth covered box</i>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A <i>Bell Line</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A <i>3 PM Seaside ←→</i>		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED OCT 19 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>10/24/88</u> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Loeyu [Signature]</i>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donall E. [Signature]</i>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36968

Date: 11-14 1988

From: Carl J. Jahn, Jr Address: 304 N. Main #19, Escondido, Ca

Six hundred six 50/100 Dollars (\$ 606.50) 98239

In Payment of Alice B. Jahn's Interment

Lot 2742 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7712

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

0139

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

CITY AUDITOR
 NOV 21 1988

[Signature]

ISSUED BY

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100	<u>320.00</u>	
	77181		
Burial Containers	100	<u>100.00</u>	
	77182		
Handling Fee	100	<u>145.00</u>	
	77185		
Recording & Misc. Fees	100	<u>35.00</u>	
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>6.50</u>	
	78380		
TOTAL PAID	\$	<u>606.50</u>	

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-19-88

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

of Bobby Ray Sanchez

in a Vault/Line Funeral, date, time Tri 10/21 11am

Church, Chapel, Graveside Delmar Club / Allison Wilson 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 93 Grave 2 Row Section 2 Division/Block 11

Grave space & Care Fund 93-2 - on top of Bell - 28.00

Additional spaces and care fund Foot of grave

Opening/Closing & Setup 45.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 73.00

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice #

Acct #

Work Order # E 7713
 PY-863 (REV. 8-85)

*PA 1061054
 Mary Zager*

[Redacted area]

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7713

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Luis Social Sanchez	SEX Male	DATE OF BIRTH Oct. 18, 1968	DATE OF DEATH Oct. 18, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Maria Sanchez 715 Quince San Diego, CA	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Albino Wilson Mortuary 225 S. Broadway San Diego, CA		CALIFORNIA LICENSE NUMBER 297	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|---|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED St. Rita Cemetery 3751 Market St. San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED n/a
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION no line on top of Bell line	
CREMATED REMAINS	DESCRIPTION OF REMAINS 41" x 16" x 10"	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
		DATE PERMIT ISSUED OCT 20 1988
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Ramos, M.D. CV
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/21/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Acosulista
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH n/a	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-19-88

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

of Hugo De La Cruz Aguilar

in a _____ Vault/Liner Funeral, date, time Friday 10/20 3pm

Church, Chapel, Graveside Delvian Berge Roberts Mortuary.

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

and billed to undersigned. War time veteran _____

Lot 142 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 55.00

Additional spaces and care fund _____

Opening/Closing & Setup 90.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 145.00

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # 075487

Acct # 000752

Work Order # E 7714

PY-583 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7719

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT aka Angiolo De La Cruz	NAME OF DECEDENT De La Cruz Angiolo	SEX Male	DATE OF BIRTH 1-31-68	DATE OF DEATH FOUND 6-18-88
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT San Diego County Coroner 5555 Overland Avenue San Diego, CA 92123		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) BORGES-ROBERTS MORTUARY National City, CA		CALIFORNIA LICENSE NUMBER F0284		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St., San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Partel Road & Box	DATE CREMATED
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A No level - on bottom	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>	SIGNATURE OF APPLICANT [Signature]
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/20/88 (ENTER DATE)	DATE PERMIT ISSUED OCT 20 1988
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Barnes, M.D., F.A.
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-21-88

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

of Elizabeth E. Ball

in a Asst Vault Funeral date, time Thurs 10/27 AM

Church, Chapel, Graveside Deliver J. Conrad Mortuary.

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

✓ Lot 100 Grave _____ Row _____ Section 1 Division 8 Block 8

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 2.60

Total Due 242.60

Paid receipt number 36873 242.60

Balance due 0

Call Mary Jo... 10/28... 413-5443

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

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

Signature of recorded holder of dead _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7715

CV-593 (REV. 5-88)

E7715
ELIZABETH E. BALL

EXISTING GRAVE SITE

HOWARD A. BALL

I WOULD LIKE TO BE NOTIFIED
WHEN THE BURIAL WILL TAKE
PLACE, PLEASE CALL ME.

THANK YOU,

Mary Alice
Thompson

443-8403

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CAMARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36873

From Mary Alice Thompson Address: 11729 Waterhill Rd, Lakeside
two hundred forty-two 60/100 Dollars (\$ 242.60) 1988
 In _____ Payment of Elizabeth E. Ball's Interment

CITY AUDITOR

Lot 100 Grave _____ Row _____ Section 1 Division 8 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. 8-7715
 BALANCE DUE _____

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

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

1988

ISSUED BY Andrea Reed

CREDIT	67007	
Sales Care	77184	
50% Sales of Lots	100	
Opening/Closing	77181	105 00
Burial Containers	77182	40 00
Handling Fee	100	60 00
Recording & Misc. Fee	77183	35 00
Pre-Need Trust	83033	
Sales Tax	9022	
	80101	2 60
	78390	
TOTAL PAID	\$	242 60

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7715

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT AKA EDNA E. BALL AKA ELIZABETH E. BALL	SEX Female	DATE OF BIRTH April 22, 1903	DATE OF DEATH Oct. 18, 1988
PLACE OF DEATH—CITY OR TOWN Lenox Grove	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Newton E. Ball - Son 1356 Knoxville Street San Diego, CA 92110	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Conrad Lenox Grove Mortuary 1357 Broadway-Lenox Grove, CA 92045		CALIFORNIA LICENSE NUMBER F 941	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input checked="" type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input checked="" type="checkbox"/> 4 SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Mariposa Ct 92102	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Lenada, Inc. 14045 Oldes Hwy 80 El Cajon, CA	DATE CREMATED 10/24/88
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Convent Vault Cathedral Box	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>	SIGNATURE OF APPLICANT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/29/88 (ENTER DATE)	DATE PERMIT ISSUED OCT 20 1988
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald E. Ramos, M.D.M.M.
	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Leoyew Little	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 COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

10-24-88

Meredith Just
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of *Pauline Purdel*

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot *154* Grave *12* Row _____ Section *1* Division/Block *11*

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due *35.00*

Paid receipt number *26868* *35.00*

Balance due *0*

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # **E 7716** _____

PY-693 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36868

From: Pauline Berdel Address: 4884 33rd Street, SD 92116 Date: 10-24 19 88

In thirty-five Dollars (\$ 35.00)
 Payment of Pre-need Trust recording fee

Lot 15 Grave 12 Row _____ Section CITY AUDITOR Division 1 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7716
 BALANCE DUE 35

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
 OCT 30 1988
 ISSUED BY India Wood

CREDIT	67007	
20% Sales Tax	77184	
20% Sales Tax	100	
on Lot 988	77184	
Opening	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-need	63033	<u>35.00</u>
Trust	9022	
Sales Tax	60101	
	75390	
TOTAL PAID	\$	<u>35.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 843

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/25/88

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

of Mary Ballard

in a _____ Vault/Liner Funeral, date, time Wed 10/26 1pm

Church, Chapel, Graveside Delving Dale El Cajon Corrao 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 142 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 55.00

Additional spaces and care fund 40.00

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145.00

Paid receipt number _____

Balance due _____

PA 1061224

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 # 075478

Acct. # 000852

Work Order # E 7717
PV-593 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7717

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Mary Ballard		SEX Female	DATE OF BIRTH July 17, 1917	DATE OF DEATH Oct. 19, 1988
PLACE OF DEATH—CITY OR TOWN El Cajon		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Public Administrator	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) El Cajon Mortuary 684 So. Holliston Ave. - El Cajon, CA 92020		CALIFORNIA LICENSE NUMBER F-1022	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 5201-A Ruffin Rd. San Diego, CA 92123	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">FOR CORONER'S USE ONLY</p> <input type="checkbox"/> 10 DISPOSITION PENDING </div> |
|--|---|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED St. Hope Cemetery - 3751 Market St. - San Diego, CA 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY Cardboard Box
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A No Heedman		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Top of Double Bural		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT [Signature]
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED OCT 25 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/26/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-25-88

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

of Jim Marsh

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

and billed to undersigned. War time veteran _____

Lot 5 Grave 2 Row _____ Section 3 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund Deed transfer _____

Opening/Closing & Setup Jim Richard & Lygia _____

Burial Container _____

Handling Fees Adoles to _____

Flower vases - Marker setting fee _____

Recording and filing fee Ronald L. Warren 35.00

Sales taxes _____

Total Due 35.00

Paid receipt number 36870 35.00

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 dead.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7718

Invoice # _____

Acct. # _____



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

5/23/1978

E-7718
Nº 9444

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Richard G. & Ingrid E. Fowler for the sum of \$ 270.00 (DOLLARS)
LEGAL DESCRIPTION Lpt 5 Gr 2 Sec 3 Div 12 (D.I.P.)
AS DESCRIBED ON PURCHASE ORDER NUMBER D-9266

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. *The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.*

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only Allowed

G. Udelsone

Cemetery Manager

✓ W.H. MacFarlane

Property Director

E-7718

SEAL

ACKNOWLEDGEMENT - INDIVIDUAL

STATE OF CALIFORNIA }
COUNTY OF San Diego } SS.

On July 21st 1988, before me, the under-
signed Notary Public, personally appeared _____

Richard George Fowler and
Ingrid E. Kenger Fowler

(personally known to me) (proved to me on the basis of satisfactory evidence)
to be the person S whose name are subscribed to the within
instrument and acknowledged that they executed the same.

Signature

Kari Kainz



OFFICIAL SEAL
KARI KAINZ
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Exp. April 10, 1992

POWER OF ATTORNEY

E 7718

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Richard G. Fowler and Ingrid E. Fowler

the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. March Associates

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

- (a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

GRAVE 2
Lot 5, Section 3, Division 12, Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

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

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

WITNESS my hand this 21st day of July, 1988
Richard G. Fowler Ingrid E. Fowler

STATE OF CALIFORNIA }
COUNTY OF San Diego } ss.

On this 21st day of July, in the year 1988, before me, the undersigned, a Notary Public in and for said State, personally appeared Richard, George Fowler and Ingrid E. Fowler

personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose name are subscribed to the within Instrument, and acknowledged to me that they executed it.

WITNESS my hand and official seal.

Kari Kainz
Notary Public in and for said State.



MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mrs. Helen Warren in a 1.5 Vault Funeral, date, time Wed 10/26 10:00 Church, Chapel, Gravesite St. John's Church ; Paydole 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 5 Grave 2 Row _____ Section 3 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup Mered D-9453 _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____

Total Due _____

Paid receipt number 36870 35.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone# _____

Invoice # _____

Acct. # _____

Work Order # E 7719
PY-583 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7719

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Gary Alan Warren		SEX Male	DATE OF BIRTH Oct. 25, 1958	DATE OF DEATH Oct. 20, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Ronald L. Warren - Father	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary 5050 Federal Blvd San Diego, CA 92102		CALIFORNIA LICENSE NUMBER F 1329	7451 Gatewood Lane San Diego, CA 92114	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Metal Casket	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED OCT 24 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/26/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Sequoia	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH Dept. of Health Services P.O. Box 85222 San Diego, CA 92138-5222		
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Cameron, M.D.
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

No 36870



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 364-3151

Date: 10-25 1988

From: David Brown Address: 644 Floyd Ave, SD 92010

Account no 100 Dollars (\$ 70.00)

In Payment of Need transfer & handling fee for Mrs. A. Noble's interment

Lot 5 Grave OR Row 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-7710 & E-7719
 BALANCE DUE 0

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

AC-212 (Rev. 10-87)

3589

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.
 OCT 31 1988
 ISSUED BY Linda Ward

CITY AUDITOR

CREDIT	67007	
20% Sales Tax	77184	
10% Sales Tax	100	
Books	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	<u>70.00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	75380	
TOTAL PAID	\$	<u>70.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-26-88

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

of Sallie Davis

in a none Vault/Urns Funeral, date, time 10/28/88

Church, Chapel, Graveside none ; Paysondale 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 Trudy

Lot 177 Grave 3 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund 55.00

Additional spaces and care fund _____

Opening/Closing & Setup 90.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 145.00

Paid receipt number _____

Balance due _____

*Mary Zark
P.A. 1061313*

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7720

PY-583 (REV. 9-85)

Invoice # 075-935

Acct. # 000752

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7720

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT SALLY DAVIS		SEX Female	DATE OF BIRTH Nov. 11, 1919	DATE OF DEATH Oct. 23, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Public Administrators Records 5201-A Ruffin Road San Diego, CA 92123		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mort: 5050 Federal Blvd. San Diego, CA		CALIFORNIA LICENSE NUMBER F 1329		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED 10/28/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A <i>no inter - old depth</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A <i>loop in by Geo - 4 Witness - few words of comfort</i>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <i>[Signature]</i>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED OCT 28 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/28/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH San Diego Co. Dept. of Health Services San Diego, CA 92138-5222		

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10-26-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Saura J. Rubendall in a T.S. Vault Funeral, date, time Fri 10/28 10:00 Church, Chapel, Graveside Chapel & Home; Crematorium 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 Docty

Lot 2033 Grave _____ Row _____ Section _____ Division Block 10

Grave space & Care Fund	_____
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>320.00</u>
Burial Container	<u>175.00</u>
Handling Fees	<u>170.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>35.00</u>
Sales taxes	<u>11.37</u>
Total Due	<u>711.37</u>
Paid receipt number <u>36875</u>	<u>711.37</u>
Balance due	<u>0</u>

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

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

William G. Sage
Signature
15657 Summer SAGE Rd.
Address
Poway CA. 92064
State Zip Code
679-0388
Telephone

Signature of recorded holder of deed _____

Work Order # E 7721
PY-583 (REV. 8-86)

Invoice # _____
Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7721

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Laura Lavon Robenall	SEX Female	DATE OF BIRTH Aug. 7, 1908	DATE OF DEATH Oct. 25, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Clairmont Mortuary 4266 Mt. Abernathy Ave.		CALIFORNIA LICENSE NUMBER P-1126	
		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT William Sage - Son 15657 Summit Sage Rd. Poway, CA. 92064	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 10. DISPOSITION PENDING |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED 10/28/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED OCT 26 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/28/88 (ENTER DATE) 2033-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 36875



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 10-27, 1989

From: William J. Inc. Address: 15657 Summer Ave. El Cajon
San Marcos 92078

In _____ Payment of Trans. Ruffinelli's Interment

Lot 2033 Grave _____ Row CITY AUDITOR Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 2-77W

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

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

OCT 31 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	<u>320.00</u>
77181		
Burial Containers	100	<u>175.00</u>
77182		
Handling Fee	100	<u>170.00</u>
77186		
Recording & Misc. Fees	100	<u>35.00</u>
77183		
Pre-Need Trust	83033	
9022		
Sales Tax	80101	<u>11.37</u>
78390		
TOTAL PAID	\$	<u>711.37</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/27/88

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

of Shulam Muhammad Shah

in a None - family Funeral, date, time 10/28 - 2 P.M.

Church, Chapel, Graveside Church & G.S.; Regedale 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 19 Grave _____ Row _____ Section Mosd. Division/Block _____

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 250.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____

Total Due _____ 285.00

Paid receipt number 37101 _____ 285.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7722

PY-582 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7728

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT GHULAM MAHAMMAD SHAH		SEX Male	DATE OF BIRTH May 17, 1932	DATE OF DEATH Oct. 26, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Munawar Shah - Wife 4449 Utah Street Apt. C San Diego, CA 92116	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA		CALIFORNIA LICENSE NUMBER F 1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4 SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED Wooden, Cloth Covered - flat chins	SIGNATURE OF PERSON IN CHARGE OF CREMATORY Plastic Advance
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A No gravel - Earth burial, std depth Sp # 19 - foot to tully -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT [Signature]
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED OCT 28 1988
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Ramon, M.D. M.M.	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 10/28/88 (ENTER DATE) 19-male	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE		
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH San Diego Co. Dept. of Health Services San Diego, CA 92138-5222		

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37101

From: Muslim Organization Address: P.O. Box 261058, SD Date: 12-13, 19 88

In: Two hundred eight - five Dollars (\$ 285.00)
 Payment of Shahar M. Hall's Interment

Lot 19 Grave _____ Row _____ Section Mus Division Block _____

Invoice No. _____
 Acct. No. _____
 W.O. 2-7122
 BALANCE DUE 0

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

AC-212 (Rev. 10-87)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	<u>230 00</u>
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	<u>35 00</u>
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>285 00</u>

CITY AUDITOR
 DEC 27 1988

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/28/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maurice Joseph F. Giltstrap in a Double Crypt Funeral, date, time Nov 2 1pm Church, Chapel, Graveside Graveside Unionmont Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Yes - WW2 - Air Corp - AAF.

Lot 1210 Grave Bottom D.C. Row Section 1 Division/Block 8

Grave space & Care Fund 595.00

Additional spaces and care fund Double Crypt * 320.00

Opening/Closing & Setup 320.00

Burial Container Cermet Double Crypt 320.00

Handling Fees Labor 320.00

Flower vases - Marker setting fee Labor * 35.00

Recording and filing fee 21.45

Sales taxes 1621.45

No Va marker
Total Due 1621.45

Paid receipt number 36879 1621.45

Balance due 0

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

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

Signature of recorded holder of deed

16 Chair

Mary Lou Giltstrap
Signature
6912 MORSE CT.
Address
SAN DIEGO, Cal 92111
State
277-0748 Zip Code
Telephone

Work Order # E 7723

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7723

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Maurice Fenton Gilstrap		SEX Male	DATE OF BIRTH Feb. 4, 1919	DATE OF DEATH Oct. 28, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Mary Lou Gilstrap - Wife 6912 Morse Ct. San Diego, CA. 92111	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Clairmont Mortuary 4266 Mt. Abernathy Ave.		CALIFORNIA LICENSE NUMBER F-1126		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4 SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA.	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Sealed Oak - now sealed wooden casket	DATE CREMATED N/A
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Top Quality Bottom Double Crypt	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Graveside Veteran - Catholic	
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>	SIGNATURE OF APPLICANT ▶
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/4/88 (ENTER DATE)	DATE PERMIT ISSUED OCT 31 1988
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Joseph Stetter
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE 21	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36879

Date: 10/31/88, 1988

From: Mary Lou Silstrup Address: 6912 Morse Ct. S.D. 92111

In Seventeen hundred twenty one and 45/100 Dollars (\$ 162/45)

Payment of grave space - double crypt and interment for Marine F. Silstrup - Veteran - deceased

Lot 1216 Grave Row Section 1 Division 8

Invoice No.
 Acct. No.
 W.O. E7723
 BALANCE DUE 0

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

AC-212 (Rev. 10-87)

117

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

CITY AUDITOR
 NOV 8 1988

ISSUED

CREDIT	57007		
20% Sales Care	77184	119	00
80% Sales	100	476	00
of Lots	77184		
Opening/	100	320	00
Closing	77181		
Burial	100	330	00
Containers	77182		
	100	320	00
Handling Fee	77185		
Recording &	100	35	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	21	45
	78380		
TOTAL PAID		\$ 1621	45

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 36989

Date: 11-18, 1988

From: Mary Jane Steyer Address: 1912 Morse Ct San Diego, CA

under numbered twenty-one 45th Dollars (\$ 1621.45)

In _____ Payment of check returned amount

Lot _____ Grave _____ Row _____ Section _____ Division Block NOV 25 1988

Invoice No. _____

Acct. No. _____

W.O. 2-7723

BALANCE DUE 0

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

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>119 00</u>
80% Sales	100	<u>476 00</u>
of Lots	77184	
Opening/	100	<u>320 00</u>
Closing	77181	
Burial	100	<u>330 00</u>
Containers	77182	
	100	<u>320 00</u>
Handling Fee	77185	
Recording &	100	<u>35 00</u>
Misc. Fees	77183	
Pre-Need	53033	
Trust	9022	
Sales Tax	90101	<u>21 45</u>
	76290	
TOTAL PAID	\$	<u>1621 45</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 10-31-88

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

of Mary B. Flegner
 in a Topseal Vault Vault/Case Funeral, date, time Wed 11-2 2pm
 Church, Chapel, Graveside Seaside : Louis 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 John help need of 1:35

Lot 1441 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund prepaid B-2248

Additional spaces and care fund

Opening/Closing & Setup 320⁰⁰

Burial Container Topseal Vault 175⁰⁰

Handling Fees Labor 170⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 35⁰⁰

Sales taxes 11³⁷

Total Due 714³⁷

Paid receipt number 36880 711³⁷

Balance due 0

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

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

Signature of recorded holder of deed _____

Diane J Johnson
 Signature
1800 Box 604
 Address
Seaside Ca 92025
 State Zip Code
745-8258
 Telephone

Work Order # E 7724

Invoice # _____

Acct. # _____

E-7724

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT MARY BURTON FLESNER		SEX female	DATE OF BIRTH Dec 11, 1892	DATE OF DEATH Oct 30, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT June F. Johnson - daughter	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104		CALIFORNIA LICENSE NUMBER F-480	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT P.O. Box 504 Escondido, CA 92025	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a Solid Hardwood - Batesville	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a non sealess - T. & Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a Traventis -		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT [Signature]
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 1 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/2/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH n/a	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36880

Date: 10/31/88, 1988

From: James F. Johnson Address: 4009 Hill St. S.D. 92164

Seven hundred Eleven and 3/100 Dollars (\$ 711.37)

In full Payment of Interment of father Mrs. B. Flesner - deceased

Lot 1441 Grave Row Section 1 Division 8

Invoice No.

Acct. No.

W.O. E-7724

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 1796

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

CITY AUDITOR
 NOV 8 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	320 00
Burial Containers	100	175 00
Handling Fee	77182	170 00
Recording & Misc. Fees	100	35 00
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	11 37
	78390	
TOTAL PAID	\$	711 37

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-2-88

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

of Charles Lee Sept

in a _____ Vault/Urns Funeral, date, time Thurs 11-3 1pm

Church, Chapel, Graveside Delaney Only; Calif Crem & Burial? Mortuary

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

and billed to undersigned. War time veteran _____

Lot 156 Grave 2 ^{Bottom} Row _____ Section 1 Division/Block 12

Grave space & Care Fund 55.00

Additional spaces and care fund _____

Opening/Closing & Setup 90.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 145.00

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7725
PY 593 (REV. 8-86)

Invoice # 077158
Acct. # 000152

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7725

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Charles Lee Sept		SEX Male	DATE OF BIRTH 6/12/57	DATE OF DEATH 9-16-1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT San Diego County Public Admin 5201-A Ruffin Rd. San Diego, CA 92123
NAME AND ADDRESS OF FUNERAL HOME OR BURIAL CHAPEL California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA		CALIFORNIA LICENSE NUMBER F1357		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | FOR CORONER'S USE ONLY |
| <input type="checkbox"/> 4. SCIENTIFIC USE |  |  | ☐ 10. DISPOSITION PENDING |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A County of - Bottom - No	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 02 1988
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/4/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Rayen Stett	
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE		
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-2-88

(X)

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

of Margarita Alvarez Arula

in a Funeral, date, time Wed-11/5/2 PM

Church, Chapel, Graveside Intercess Club / Sacramento 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 3rd Ven. Mateo
753-1142

Lot 46 Grave 8 Row Section Division/Block 11

Grave space & Care Fund 14

Additional spaces and care fund

Opening/Closing & Setup 29

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 43

Paid receipt number

Balance due

*Making
on dry ready mix*

*Mark
Hosstetter
PA 106 18.36*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 # 029157

Acct. #

Work Order # E 7726

PV-583 (REV. 8-88)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#57293

E 77 26

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

Encinitas Mortuary

NAME OF DECEDENT Margarita Alvarez Avila		SEX Female	DATE OF BIRTH AUG 27, 1945	DATE OF DEATH NOV 2, 1988
PLACE OF DEATH—CITY OR TOWN Encinitas		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Maria De La Luz Avila Mother 925 N. Vulcan Avenue #111 Encinitas, CA 92024	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Encinitas Mortuary, 340 Malrose Ave., Encinitas		CALIFORNIA LICENSE NUMBER 857		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">FOR CORONER'S USE ONLY</p> <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Cypress View Crematory, 3953 Imperial Avenue, San Diego	DATE CREMATED 10-3-88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A P.A. # 106-1836 - Power in Place -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Carton in Cement - 24" deep.		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 03 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/16/88 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald B. Ramos, M.D. C.D.	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE N/A

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-3-88

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

of Elizabeth Miles

in a Bell Line Vault/Line Funeral, date, time 11-4 Fri 1:00

Church, Chapel, Graveside Chapel of Hope, Pasadena Mortuary.

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

Lot 108 Grave 12 Row - Section 2 Division/Block 11

Grave space & Care Fund Single Burial Sp. 250.00

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container Cremate Bell Line 100.00

Handling Fees labor 145.00

Flower vases - Marker setting fee not included

Recording and filing fee 35.00

Sales taxes 650

Total Due 856.50

Paid receipt number 36924 856.50

Balance due 0

*Family to pay
30 days before
Bill Pasadena
of Hill*

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

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

Signature of recorded holder of deed _____

*Attorney General
Signature _____
Address _____
City _____
State _____ Zip Code _____
Telephone _____

Work Order # E 7727

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7727

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT ELIZABETH MILES		SEX Female	DATE OF BIRTH August 1, 1911	DATE OF DEATH October 27, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT William Barkley - Grandson 3771 Dove Street San Diego, California 92103	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mort.: 5050 Federal Bl.; Ca.		CALIFORNIA LICENSE NUMBER f 1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">FOR CORONER'S USE ONLY</p> <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Metal Center Sealer - 209a - (Crown)	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Bell Line -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED NOV 2 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/4/88 ENTER DATE	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald E. Ramos, M.D.	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH Dept. of Health Services P. O. Box 85222 San Diego, California 92138-85222		

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 36924

Date: 11-4 19 88

From: Anderson Rosedale Address: 5050 Federal Blvd, San Diego

eight hundred fifty-six (50/100) Dollars (\$ 856.00)

In Payment of Elizabeth Miles' Interment

Lot 108 Grave 12 Row _____ Section 2 Division Block 115

Invoice No. _____

Acct. No. _____

W.O. 2-7727

BALANCE DUE 0

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

AC-212 (Rev. 10-87)

10402

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

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Tax	77184	<u>50.00</u>
80% Sales of Lots	100	<u>200.00</u>
Opening/Closing	77181	<u>320.00</u>
Burial Containers	100	<u>100.00</u>
Handling Fee	77185	<u>145.00</u>
Recording & Misc. Fees	100	<u>35.00</u>
Pre-Need Trust	63033	
Sales Tax	9022	
	90101	<u>6.50</u>
	78390	
TOTAL PAID	\$	<u>856.50</u>

NOV 15 1988
 CITY AUDITOR

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-3-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sasha Alexandra-Pose

in a Monlejo Vault/Liner Funeral, date, time 11-4 2:30 Church, Chapel, Graveside Graveside Fulton-Mitchell Mortuary.

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

Lot 3531 Grave 9 Row 1 Section 1 Division/Block 9

Grave space & Care Fund 180.00

Additional spaces and care fund

Opening/Closing & Setup 64.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes

Total Due 199.00

Paid receipt number 36903 199.00

Balance due 0

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

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

Signature of recorded holder of deed

Robert A. Monty
Signature
1020 CALLA AVE #E
Address
CA.
State
92032 Zip Code
NONE
Telephone

Work Order # E 7728
PY-583 (REV. 5-86)

Invoice # _____
Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7728

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT SASHA ALEXANDRA-ROSE MONTEJANO		SEX FEMALE	DATE OF BIRTH NOV 2, 1968	DATE OF DEATH NOV 2, 1988
PLACE OF DEATH—CITY OR TOWN CORONADO	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) SAN DIEGO		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT ROBERT E. MONTEJANO, FATHER 1020 CALLA AVENUE, APT 1 IMPERIAL BEACH, CA 92032	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) PIRCHAM-HITCHELL MORTUARY, 806 13TH STREET, IMPERIAL BEACH, CA 92032		CALIFORNIA LICENSE NUMBER F-1178		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | FOR CORONER'S USE ONLY |
| <input type="checkbox"/> 4. SCIENTIFIC USE |  |  | ☐ 10. DISPOSITION PENDING |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A 2'-6" Wooden Cloth Covered oval top	DATE CREMATED N/A	SIGNATURE OF PERSON IN CHARGE OF CREMATORY [Signature]
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A No lines Sent Back.		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT [Signature]
			DATE SIGNED [Blank]
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 4 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/4/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE N/A	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36903

Date: 11-3, 1988

From: Luz M. Martinez Address: 1050 Calle Cuellar, Encinitas, CA

In no recorded receipt - new receipt Dollars (\$) 199.00

In Payment of Luz M. Martinez - Rose's Interment

Lot 3531 Grave _____ Row CITY Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. 2-7728

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1520

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

CITY
 NOV 8 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>20 00</u>
60% Sales of Lots	100	<u>80 00</u>
Opening/ Closing	77181	<u>64 00</u>
Grav. Containers	77182	
	100	
Handling Fee	77186	
Recording & Misc. Fees	77183	
Pre-Need Trust	8022	<u>35 00</u>
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>199 00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

11/3/88

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

of Mary Ann McNeil - 26-
in a Topseal Vault Funeral, date MONDAY 11-7- P.M. Chapel
Church, Chapel, Graveside Chapel - S.S.; Topseal 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 161 Grave 8 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund Single Burial 300.00

Additional spaces and care fund none _____

Opening/Closing & Setup _____ 320.00

Burial Container Topseal Concrete Vault 175.00

Handling Fees Labor 170.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____ 11.37

Total Due 1011.37

Paid receipt number _____ 300.00

Balance due 711.37

I hereby certify I am the Mathew of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability 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 Kennie McNeil
Signature
x 3121 Tustin Rd
Address
x Spring Valley 92077
State Zip Code
x 589-7146
Telephone

Invoice # _____
Account # _____

Work Order # E 7729
PY-583 (REV. 8-85)

E 7729

CALIFORNIA BURIAL CHAPEL



Mon.
11-17-88
Service 1 PM.

CALIFORNIA CREMATION & BURIAL CHAPEL

- Offering Traditional Funeral Service
- Direct Cremation Service
- Insurance
- World-wide Shipping
- Pre-need Planning
- Arrangement is made in your home, or one of our three convenient locations.

(619) 234-3272

Representative

MAIN CHAPEL LOCATION

5602 El Cajon Blvd. • San Diego, CA 92115

W.O. # E-7729

NOTE

\$ 711³⁷/₁₀₀ San Diego, CaliforniaNov 3 1988

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Seven Hundred Eleven and 37/100 DOLLARS with interest from Dec 6, 1988 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME JANNIE McNeil SIGNATURE Jannie McNeil

ADDRESS _____

CALIF. DRIVERS LIC. # No-

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7729

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT MARY ANN McNEIL		SEX Female	DATE OF BIRTH Jan. 2, 1962	DATE OF DEATH Oct. 31, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Jannie McNeil - Mother 3121 Helix Street Spring Valley, California 92077		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary; 5050 Federal Bl.; Ca.		CALIFORNIA LICENSE NUMBER F 1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <p style="text-align: center;">FOR CORONER'S USE ONLY</p> <input type="checkbox"/> 10 DISPOSITION PENDING |
| <input type="checkbox"/> 4 SCIENTIFIC USE | | |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED. Mt. Hope Cemetery; 3751 Hahket Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A T.S. Vault - Metal Casket	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A foot at tree		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED NOV 4 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Ramon, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/7/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH Dept. of Health Services P. O. Box 85222 San Diego, California 92186-5222		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 36909

Date: 11/3/88, 1988

From: Jamnie M. Neil Address: 31217 Lelia - Spring Valley 92077

Three Hundred Dollars (\$ 300⁰⁰)

In full Payment of grave space for Mary Ann M. Neil - Dec
Bal due for opening & container etc -

Lot 161 Grave 8 Row - Section 1 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-7729

BALANCE DUE 711³¹

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR
NOV 8 1988

ISSUED BY [Signature]

CREDIT	67007		
30% Sales Tax	77184	<u>60</u>	<u>00</u>
50% Sales Tax	100		
& Lots	77184	<u>240</u>	<u>00</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77189		
Pre-Need	63033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>300</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-3-88

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

of Philip Sutherland

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

Church, Chapel, Graveside _____ El Camino Mortuary.

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

and billed to undersigned. War time veteran _____

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

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 7730**

CV-883 (REV. 8-86)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-3-88

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

of Rafael Gutierrez

in a Bell Service Funeral, date, time Wed 11-9 11am

Church, Chapel, Graveside Church of Jesus Christ - Robert Mortuary.

All Funeral cars must arrive before 5:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran

Lot 85 Grave 1 Row Section 2 Division/Block 12

Grave space & Care Fund 495.00

Additional spaces and care fund

Opening/Closing & Setup 350.00

Burial Container 180.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing 35.00

Sales taxes 6.50

Total Due 1101.50

Receipt number 36910 1101.50

Balance due

PAID
NOV 03 1988
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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

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

Ramon Carreon
Signature
2479 K St.
Address
San Diego, CA 92102
Zip Code
(619) WORK # 234-6121
Telephone
Home # 696-9948

Signature of recorded holder of deed

Work Order # E 7731

Invoice #
Acct. #

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7731

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT PEARL C. GUTIERREZ		SEX Female	DATE OF BIRTH July 19, 1929	DATE OF DEATH Nov. 2, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Mr. Ramon Carrion - Son	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) WENZ-SCHNEIDER MORTUARY 107 National City Blvd. National City, CA		CALIFORNIA LICENSE NUMBER F-284		
		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 2479 'K' Street San Diego, CA 92102		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 10. DISPOSITION PENDING |
| <input type="checkbox"/> 4. SCIENTIFIC USE | FOR CORONER'S USE ONLY | |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Cloth Covered Wooden	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Concrete Liner		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 0 8 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>11/9/88</u> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald E. Ramos, M.D.	
	85-1-2-12	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Joseph [Signature]	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36910

From: Conan Carver Address: 2479 K Street, San Diego Date: 11-3 1988
one thousand one hundred one 50/100 Dollars (\$ 1101.50)
 In _____ Payment of Solar Sintering; Interment

Lot 85 Grave 1 Row _____ Section 2 Division 12 Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-7731
 BALANCE DUE 0

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

AC-212 (Rev. 10-87) 10447

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

CITY AUDITOR
 NOV 8 1988

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	<u>99.00</u>
50% Sales of Lots	100	<u>710.00</u>
Opening/Closing	77181	<u>320.00</u>
Burial Containers	100	<u>100.00</u>
	77182	<u>140.00</u>
Handling Fee	100	<u>35.00</u>
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	9022	
	80101	<u>6.50</u>
	75360	
TOTAL PAID		\$ <u>1101.50</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-4-58

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

of Julia Dunn
in a Log Seal Vault funeral, date, time Thurs 11-10 11am

Church, Chapel, Graveside St. Paul & Marie Rosevale Church 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 1239 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 575.00

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 11.37

Total Due 1306.37

Paid receipt number 36913 1306.37

Balance due 0

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

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

Signature of recorded holder of deed

Mary L. Ponder
Signature
51605 Bonita St.
Address
San Diego Ca 92114
City
Ph. 262-9491
Telephone
Zip Code

Work Order # E 7732

FD-563 (REV. 6-56)

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7732

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT JULIA DUNN		SEX Female	DATE OF BIRTH December 3, 1992	DATE OF DEATH Nov. 3, 1988
PLACE OF DEATH—CITY OR TOWN National City	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Mary Ponder - Daughter 5605 Bonita Drive San Diego, California 92114	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mort.; 5050 Federal Bl.; Ca.		CALIFORNIA LICENSE NUMBER F 1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; 3751 Market St.; San Diego, California, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Solid Metal Sealer - Batesville	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A T.S. Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED NOV 8 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>11/10/88</u> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Ramon, M.D. et	
	1239-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION George [Signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH Dept. of Health Services: P. O. Box 85222 San Diego, California 92138-5222		

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36913

From: Mrs. J. Posden Address: 5605 Courts Dr, San Diego 92114 Date: 11-4 1988
thirteen hundred 2/3 3100 Dollars (\$ 1306.37)
 In _____ Payment of Julia Deans' Interment

NOV 15 1988

Lot 1239 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No _____
 Acct. No _____
 W.O. E-7732
 BALANCE DUE 0

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

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Tax	77184	119.00
80% Sales of Lots	100	476.00
Opening/Closing	77181	320.00
Burial Containers	100	175.00
Handling Fee	77182	170.00
Recording & Misc. Fees	100	35.00
Pre-Need Trust	77183	
Sales Tax	53033	
	8022	11.37
	60101	
	78380	
TOTAL PAID		\$ 1306.37

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

718

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-4-88

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

in a Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

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

Lot 105 Grave 4 Row Section 2 Division/Block 11

Grave space & Care Fund 300.00

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 300.00

Paid receipt number 20.00

Balance due 280.00

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

James C. Wesley
Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 7733

E7733

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To James C. Vessley

Address 7503 Black Oak Rd. S.D. CA 92114

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 105, Grave 4, Row -, Section 2, ~~Block~~/Division 11 in Mt. Hope Cemetery, entered into on November 4, 1988, by and between Mt. Hope Cemetery and James C. Vessley that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michelle L. Clark
Clerical Assgt. II

E 7733

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-4-88

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

in a Vault/Urns Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

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

Lot 105 Grave 4 Row Section 2 Division/Block 11

Grave space & Care Fund 300.00

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 300.00

Paid receipt number 20.00

Balance due 280.00

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

James C. Wesley
Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 7733
FY-552 (REV. 8-86)

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 4 day of November, 1988, between James Vesley, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 105, Grave 4, Row , Section 2 Block/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$300.00, payable as follows: \$20.00 cash herewith, the receipt of which is hereby acknowledged; \$20.00 on the 10 day of December, 1988; and the balance in installments of \$20.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

WITNESS our hands this day and year above written.

Deed to be issued to:

\$20 for 14 Months

James C. Vesley
Name

4398 Delta Street, Apt 2
Address

San Diego, CA 92113

PURCHASER

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Andra L. Lueder

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36921

From: James Vlasak Address: 4398 Delta Street #2 Date: 11-7-88
Trent, Harris Dollars (\$ 20.00)
 In _____ Payment of Grant

Lot 105 Grave 4 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. 2-7733
 BALANCE DUE 280.00

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	<u>20.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	6022	
	60101	
	78390	
TOTAL PAID		<u>20.00</u>

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

CITY AUDITOR
 NOV 7 1988

OFFICIAL RECEIPT

No 37102



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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
254-3151

Date: 12-13, 1988

From: James V. Vester Address: _____

In fourteen hundred Dollars (\$ 42.00)
Payment of Credit for Sale

Lot 105 Grave 4 Row _____ Section 2 Division Block 11

Invoice No. _____
Acct. No. _____
W.O. 2-7733
BALANCE DUE 238.00

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

ISSUED BY: [Signature]

CREDIT	67007	
30% Sales Care	77184	
60% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77186	
Sales Tax	100	
TOTAL PAID	63033	<u>42.00</u>
	9022	
	80101	
	7800	

42.00
CITY AUDITOR
DEC 27 1988

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 37224

From: James Vazler Address: 730^{BR} Black Oak Rd, SD Date: 1-11 1989
1000⁰⁰ Dollars (\$ 40.00)
 In Payment of Receipt 243 Credit for

Lot 105 Grave 4 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7733

BALANCE DUE 198.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

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

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	<u>40.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	7822	
TOTAL PAID		<u>40.00</u>

CITY AUDITOR
 JAN 13 1989

ISSUED BY Idia Vazler

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7733

Credit Lot

James C. Veasley

4398 Delta Street, Apt. 2

San Diego, Ca 92113

Month and Day Due Indicated Below

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

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



\$ 20.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 21.00

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT NO. **E-7733**

Credit Lot

James C. Veasley
4398 Delta Street, Apt 2
San Diego, Ca 92113

Month and Day Due Indicated Below

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

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



\$ 20.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 21.00

Amount Received \$ _____

NAME _____

ADDRESS _____

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

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7733

Credit Lot

James C. Veasley

4398 Delta Street, Apt. 2

San Diego, Ca 92113

Month and Day Due Indicated Below

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

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



\$ 20.00

Amount due if paid more than _____ days
after due date above. 10



\$ 1.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11-7-88

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

of Richard Eejima

in a T.S. Vault Vault/Liner Funeral, date, time Wed 11/9 10am

Church, Chapel, Graveside Yonkerside Lewis Colonial Mortuary.

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

and billed to undersigned. War time veteran No

Lot 4952 Grave Row Section Division/Block 10

Grave space & Care Fund On need -

Additional spaces and care fund 2 sp.

Opening/Closing & Setup 320⁰⁰

Burial Container Vault 175⁰⁰

Handling Fees labor 170⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 35⁰⁰

Sales taxes 11.37

Total Due 711.37

Paid receipt number 36946 711.37

Balance due 0

*Before funeral
Payment
will be made -*

I hereby certify I am the son of the above named decedent

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

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

Signature of recorded holder of deed _____

R. Philip T. Eejima
Signature
X 11234 PINESTONE CT
Address
X San Diego, CA 92128
State Zip Code
X (619) 487-2709
Telephone

Work Order # E 7734

PR-553 (REV. 8-85)

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7734

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT RICHARD M. KEJIMA (AKA: MAKATO R. KEJIMA)		SEX male	DATE OF BIRTH June 27, 1912	DATE OF DEATH Nov 4, 1988
PLACE OF DEATH—CITY OR TOWN National City	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Mary Kejima - wife 5427 Olvera Avenue San Diego, CA 92114		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lewis Colonial/Beubough 3051 El Cajon Blvd. San Diego, CA 92104		CALIFORNIA LICENSE NUMBER F-480		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery - 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a Solid Cherry Wood - Batsville	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a County Court		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 8 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/9/88 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Ramos, M.D.	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Seoyoung Sheta		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH n/a		

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 36946

From: Mrs. Ejima Address: 11234 Limestone Ct San Diego
Seven hundred eleven 27/100 Dollars (\$ 711.37)
 In Payment of Richard Ejima's Interment
 Lot 4952 Grave _____ Row _____ Section _____ Division 10 Block 10

Invoice No. _____
 Acct. No. _____
 W.O. 8-7134
 BALANCE DUE 6

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

AC-212 (Rev. 10-87)

163

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
 CITY AUDITOR
 NOV 21 1988
 ISSUED BY Andra Beck

	67007		
CREDIT	77184		
20% Sales Care	100		
90% Sales	77184		
of Lots	100	320	00
Opening/	77181		
Closing	100	175	00
Burial	77182		
Containers	100	170	00
Handling Fee	77185		
Recording &	100	35	00
Misc. Fees	77183		
Pre-Need	60033		
Trust	9022		
Sales Tax	60101	11	37
	78390		
TOTAL PAID	\$	711	37

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11-7-88

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

of Audrey Mae Foster

in a Bell Linder Funeral, date, time Mon 11/7 12:00

Church, Chapel, Graveside Memorial Rosedale 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 160 Grave 8 Row _____ Section 1 Division BLOCK 12

Grave space & Care Fund Single Burial 300.00

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting 35.00

Recording and filing fee _____

Sales taxes 6.50

Total Due 906.50

Paid receipt number 36952 50.00

Balance due 856.50

36980 857.50

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

OK - Dub - Leslie -

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7735

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7735

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Audrey Mae Foster		SEX Female	DATE OF BIRTH March 2, 1925	DATE OF DEATH November 2, 1988
PLACE OF DEATH—CITY OR TOWN National City		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Beater Thomas - Sister 4834 Logan Avenue Apt. 101 San Diego, California 92113	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mort.; 5050 Federal Bl.; Ca.		CALIFORNIA LICENSE NUMBER F 1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED San Diego Crematory	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Cemetery not notified of the Burial</i>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A <i>Sever held at 161-8-1-12 & opened after usy time at 160-8-1-12 -</i>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <i>Octagon Wooden Casket - Cloth covered -</i>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED NOV 7 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramon, M.D. D.M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11-7-88 160-8-1-12 ENTER DATE	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Looy un tott</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH Dept of Health Services: San Diego, California 92138-5222			

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36952

Date: 11-10, 1988

From: Anderson - Kinsdale Address: 500 Federal Blvd, SD

In fifty dollars Dollars (\$ 50.00)
 Payment of Quarry Mae Foster's Interment

Lot 160 Grave 1 Row _____ Section 1 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-7735
 BALANCE DUE 856.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
 CITY AUDITOR
 NOV 21 1988
 ISSUED BY Andra Wood

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>50.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	8022	
Sales Tax	60101	
	78280	
TOTAL PAID	\$	<u>50.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 10422

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36980

Date: 11-16 1988

From: Anderson-Rosdale Address: 5050 Federal Blvd, San Diego

eight hundred fifty-six 50 Dollars (\$ 856.50)

In Payment of undiv. Mac Foster's Interment

Lot 160 Grave 8 Row _____ Section _____

CITY AUDITOR
 Division 12
 Block 6000

Invoice No _____
 Acct. No _____
 W.O. 2-7735
 BALANCE DUE 0

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

ISSUED BY Andy Wood

CREDIT	57007	
20% Sales Tax	77184	170.00
80% Sales of Lots	100	330.00
Opening/Closing	77181	1.00
Burial Containers	77182	145.00
Handling Fee	77185	35.00
Recording & Misc. Fees	77183	
Pre-Need Trust	89033	
Trust	9022	
Sales Tax	80101	6.50
	78390	
TOTAL PAID		\$ 856.50

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

10442

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-7-88

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

of Thurmon & Justice Johnson

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 69 Grave 5 Row _____ Section 2 Division Block 11

Grave space & Care Fund 250.00

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 250.00

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 7736**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/8/88

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

of Hattie C. Radick

in a Top Seal Vault Funeral date, time Wed - 11 Am - 11/9

Church, Chapel, Graveside Church & S.S. Regedale 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 2941 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund Single Grave 595⁰⁰

Additional spaces and care fund no

Opening/Closing & Setup 320⁰⁰

Burial Container Courte T.S. Vault 175⁰⁰

Handling Fees Labor 170⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 35⁰⁰

Sales taxes 1137

Total Due 1306.37

Paid receipt number 36945 1306.37

Balance due 0

PAID

NOV 08 1988

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed _____

X Mildred Griffin
Signature
X 2036 Harrison Ave
Address

X
State San Diego Calif Zip Code 92113
Telephone 619 233-6033

Work Order # E 7737
PY-583 (REV. 8-85)

Invoice # _____
Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7737

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT HATTIE CLARA REDICK		SEX Female	DATE OF BIRTH Dec. 5, 1910	DATE OF DEATH Nov. 4, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Mildred Griffin - Niece 2036 Harrison Avenue San Diego, California 92113
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mort.; 5050 Federal Bl.; Ca.		CALIFORNIA LICENSE NUMBER F 1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">FOR CORONER'S USE ONLY</p> <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street: San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Metal Level Lock - 20 ga,	DATE CREMATED 11/9/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY [Signature]
FINAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Concrete Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT [Signature]
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED NOV 8 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/9/88 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature]	
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH P. O. Box 85222 San Diego, California 92138-5222	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE 2941-10		

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 36945



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

Date: 11/8/88

From: Mildred Griffin Address: 2036 Harrison Ave. #D 92113

In full Payment of Interment of and for Hattie C. Redick - deceased Dollars (\$ 1306³⁷)

Lot 294 Grave --- Row --- Section --- Block 10

Invoice No. ---

Acct. No. ---

W.O. E 7737

BALANCE DUE ---

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

AC-212 (Rev. 10-87)

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

ISSUED BY [Signature]

CREDIT	67007	119	00
20% Sales Care	77184		
60% Sales of Lots	100	476	00
Opening/Closing	77181	320	00
Graves	100	175	00
Containers	77182	170	00
Handling Fee	67008	35	00
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	11	37
	78390		
TOTAL PAID		\$ 1306	37

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-9-88

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

of J. Monte Stanley

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 134 Grave 1 Row _____ Section 2 Division Block 11

Grave space & Care Fund 250.00

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 250.00

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of dead _____

Signature J. G. Alameda

Address San Diego 92104

State _____ Zip Code _____

Telephone _____

Work Order # E 7738

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37037

Date: 12-5, 1988

From: Wanda Furley Address: 3836 Alhambra, #115 SD

1000 Dollars (\$ 10.00)
 in Payment of Coupon 1 Credit Lot

Lot 134 Grave 1 Row 1 Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7738
 BALANCE DUE 240.00

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

AC-212 (Rev. 10-87)

1405

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
 CITY AUDITOR
 DEC 9 1988
 ISSUED BY Linda Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	10 -
Closing/ Closing	77181	
Burial Containers	77182	
Recording Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	10 -

OFFICIAL RECEIPT

№ 37176



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

From: Janita Turkey Address: 3836 Alhambra St., #105, SD Date: 1-5, 19 89
Ten dollars & 00/100 Dollars (\$ 10.00)
 In Payment of Coupon & Credit Act

Lot 134 Grave 1 Row _____ Section 2 Division Block 11

Invoice No _____
 Acct. No _____
 W.O. E-7738
 BALANCE DUE 230 00

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

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 PAID IN THIS SPACE

ISSUED BY India Ward

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	53033	
	9022	
Sales Tax	50101	
	78390	
TOTAL PAID	\$	<u>10 00</u>

10 00
 CITY AUDITOR
 JAN 11 1989

OFFICIAL RECEIPT

No 37308



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-6 19 89

From: Marita Smiley Address: 3836 Alameda #105, S

San Marcos, CA Dollars (\$) 10.00

In Payment of coupon 3 Credit lot

Lot 134 Grave 1 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7738

BALANCE DUE 220.00

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

AC-212 (Rev. 10-87)

1429

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

CITY AUDITOR

FEB 10 1989

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	75390	
TOTAL PAID	\$	<u>10.00</u>

OFFICIAL RECEIPT

No 37430



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Date: 3-3, 1989

From: Janita Shirley Address: 3236 Alabama, #105, SD

See billings for 1/80 Dollars (\$ 10.00)

In Payment of Waiver 4 Credit Set

Lot 134 Grave 1 Row _____ Section 2 Division Block 11

Invoice No _____

Acct. No _____

W.O. 2-7738

BALANCE DUE \$10.00

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

AC-212 (Rev. 10-87)

1448

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

CITY AUDITOR
 MAR 10 1989

ISSUED BY Janita Shirley

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>10</u>	<u>00</u>
Opening/Closing	77181		
Tourist Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

E-7738
 No 37581

Date: 4-3, 1989

From: Jeanette Fairley Address: 3836 Alameda St
San Diego, CA 92110 Dollars (\$ 10.00)

In Payment of Cremation 5 Credit Lot

Lot 134 Grave 1 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 4-7736

BALANCE DUE 200.00

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR
APR 05 1989

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	<u>10.00</u>

465

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37741

Date: 5-3 1989

From: Juanita Family Address: 3836 Alabama #105, San Diego CA 92104
In dollars 100/100 Dollars (\$ 10.00)
 in past Payment of Credit lot, coupon # 10

Lot 134 Grave 1 Row Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7238
 BALANCE DUE 190.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
1483

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

ISSUED BY [Signature]

CREDIT	57007
20% Sales Tax	77184
50% Sales of Lots	100
Opening/Closing	77184
Burial Containers	100
Handling Fee	77182
Recording & Misc. Fees	100
Pre-Need Trust	77183
Sales Tax	63033
	9022
	60101
	78390
TOTAL PAID	\$ <u>10.00</u>

10.00
 CITY AUDITOR
 MAY 18 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO **E7738**
37899

From: Juanita Fairley Address: 3836 Alabama St, SD Date: 65 1989
ten dollars per/100 Dollars (\$ 10.00)
 In _____ Payment of coupon 7 credit set
 Lot 134 Grave 1 Row _____ Section 2 Division 11
 Block

Invoice No. _____
 Acct. No. _____
 W.O. _____
 BALANCE DUE 180.00

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR
JUN 09 1989

ISSUED BY Sandy

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		10 00
Opening/ Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$		10 00

1497

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
-MOUNT HOPE CEMETERY
 264-3151

No 38225

Date: July 6, 1989

From: Quantia Jurey Address: 3836 Alabama San Diego

TD Dollars (\$ 10.00)

In _____ Payment of Coupon & Credit lot

Lot 134 Grave 1 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7738

BALANCE DUE 170.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1521

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

ISSUED BY Sharon A. Brown

CREDIT	67007		
20% Sales Carr	77184		
80% Sales of Lots	100	10	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78380		
TOTAL PAID		\$	<u>10.00</u> <u>00</u> <u>50</u>

CITY AUDITOR

JUL 10 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 38364

Date: Aug 4 1989

From: Yvonne & Shirley Address: 3836 Alabamino

Don Dollars (\$ 10⁰⁰)
 In part Payment of Credit lot, Coupon 9

Lot 134 Grave 1 Row — Section 2 Division Block —

Invoice No. _____
 Acct. No. _____
 W.O. 57738
 BALANCE DUE 1600

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

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

4

ISSUED BY R. Johnson

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	83033	
8022		
Sales Tax	80101	
78380		
TOTAL PAID	\$	<u>10</u>

CITY AUDITOR

AUG 12 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

NO 38492

Date: 9-6, 1989

From: Yvonne Shirley Address: 3536 Alhambra #105

PO Box 20110 Dollars (\$) 10.00

In Payment of Balance 10 credit lot

Lot 134 Grave 1 Row 1 Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7736

BALANCE DUE 150.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

120

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

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
50% Sales of Lots	100	<u>10</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78380	
TOTAL PAID	\$	<u>10</u>

CITY AUDITOR

SEP 11 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 37995

Date: 10-4 1989

From: Juanita Smiley Address: 3636 W. Warner #105, SD

Ten dollars 10/10 Dollars (\$) 10.00

In _____ Payment of Coupon 11 Credit set

Lot 134 Grave 1 Row _____ Section 2 Division 11
 Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7736

BALANCE DUE 140.00

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

AC-212 (Rev. 10-87)

130

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

ISSUED BY

[Handwritten Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Trust	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>10 00</u>

10 00
 CITY AUDITOR
 OCT 10 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

NO 38526

From: Juanita Ariles Address: 3836 Alhambra St #105 Date: 11-7 19 89
San Diego Dollars: \$ 10.00
 In _____ Payment of Balance 12 Credit Sol

Lot 134 Grave 1 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 81-7738
 BALANCE DUE 130.00

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

CREDIT	67007
20% Sales Care	77184
60% Sales of Lots	100
Opening/Closing	77181
Burial Containers	100
77182	100
Handling Fee	77185
Recording & Misc. Fees	100
77183	63033
Pre-Need Trust	8022
Sales Tax	60101
78380	78380
TOTAL PAID	\$ <u>10.00</u>

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

145

ISSUED BY Andrea Perez

CITY AUDITOR
 NOV 13 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

112 38640

E-7738

Date: 12-6, 1989

From: parents family Address: 3836 Alhambra #105, SD

ten dollars Dollars (\$ 10.00)

In Payment of Aug 13 Credit Let

Lot 134 Grave 1 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7736

BALANCE DUE 120.00

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

AC-212 (Rev. 10-87)

166

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

ISSUED BY

Andrea Ward

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>10 00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
TOTAL PAID	8022	<u>10 00</u>

CITY AUDITOR
 DEC 11 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

№ 38738

Date: 1-4, 1990

From: Marita Fairley Address: 3836 Alabarna #105, S.D. 92104

Don Kallala 714/400 Dollars (\$ 10.00)

In Payment of ~~Marita Fairley~~ Credit lot

Lot 134 Grave 1 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-4438

BALANCE DUE \$110.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

181

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

CITY AUDITOR

JAN 16 1990

007248

ISSUED BY Walt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	10	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	10	00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 38844

Date: 2-5, 1990

From: Marcia Finley Address: 3836 ~~Alhambra~~ Alhambra St S.D. 92104
San Hollis Dollars (\$ 10.00)

In _____ Payment of Credit Lot

Lot 134 Grave 1 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-7738

BALANCE DUE 8100.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

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

ISSUED BY J. A. Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10 00</u>
Opening/ Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
	63033	
Sales Tax	9022	
	60101	
	78380	
TOTAL PAID	\$	<u>10 00</u>

CITY AUDITOR

FEB 12 1990

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

CITY AUDITOR

NO

E-7738
 38935

MAR 12 1990

Date: 3-5, 1990

From: Marta Fairney Address: 3536 Mabona Ave, St 92104

14400 Dollars (\$ 10.00)

In Payment of Check #12

Lot 134 Grave 1 Row _____ Section 2 Division 11

Invoice No _____

Acct. No _____

W.O. E-7738

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

213

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

ISSUED BY J. H. White

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100		
Opening/Closing	77184		<u>10 00</u>
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033		
	9022		
	60101		
	78380		
TOTAL PAID	\$		<u>10 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 39199

Date: 5-7, 1990

From: Murphy Family Address: 3836 Alameda St. #105, SB 92104
San Diego 114/100 Dollars (\$ 10.00)

In _____ Payment of Credit for

Lot 134 Grave 1 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. F-11738

BALANCE DUE _____

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

AC-212 (Rev. 10-87) 48

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

ISSUED BY J. P. [Signature]

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>10.00</u>

CITY AUDITOR
MAY 14 1990

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

CITY AUDITOR

№ 39083

APR 9 1990

Date: 4-4, 1990

From: Janita Fairley Address: 3836 Alabama St 92106
San Diego 78110 Dollars (\$) 10.00

In _____ Payment of Credit Lot

Lot 134 Grave 1 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7736

BALANCE DUE _____

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

AC-212 (Rev. 10-87)

224

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

ISSUED BY J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10 00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>10 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39327

Date: 6-6, 1990

From: Martha Fairley Address: 3530 Alhambra, I.D.

In San Diego Dollars (\$ 10.00)

Payment of Credit Set

Lot 134 Grave 1 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-74138

BALANCE DUE _____

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

AC-212 (Rev. 10-87)

266

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

ISSUED BY Walt

CREDIT	67007	
20% Sales Care	77184	<u>10.00</u>
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>10.00</u>

CITY AUDITOR
 JUN 08 1990

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39478

Date: 7-12, 1990

From: Martha Fair Address: 3830 Alameda Ave. San Diego

In 10.00 Dollars (\$ 10.00)
 Payment of Pre-need Trust

Lot 134 Grave 1 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-4738
 BALANCE DUE _____

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10.00</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>10.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39577

Date: 8-7, 1990

From: Quincy family Address: 2836 Alhambra St Apt 105 San Diego CA 92104

New and 300 Dollars (\$ 10.00)

In _____ Payment of Credit for

Lot 3836 Grave 1 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7724

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AG-212 (Rev. 10-87)

300

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

ISSUED BY Robert Jones

CREDIT	67007		
20% Sales Care	77184	<u>10</u>	<u>00</u>
80% Sales of Lots	100		
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
76390			
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39667

Date: 9-5, 1942

From: Lucretia Fairley Address: 3836 Abasco T SAN DIEGO CA 92104

Ten 00/100 Dollars (\$ 10 00)

In _____ Payment of Credit for

Lot 124 Grave 1 Row — Section 2 Division — Block —

Invoice No. _____

Acct. No. _____

W.O. E-7738

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-67) # 318

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10 00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>10 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39787

Date: 10-4-1990

From: JUANITA FAIRLEY Address: 3834 ALABAMA ST SAN DIEGO CA 92104

TEN - 00/100 Dollars (\$ 10⁰⁰)

In _____ Payment of CREDIT LOT

Lot 134 Grave 1 Row — Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7738

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) # 338

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

ISSUED BY Rolf Jones

CREDIT	67007		
20% Sales Care	77184	<u>10⁰⁰</u>	
80% Sales of Lots	77184		
Opening/Closing	100		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	\$	<u>10⁰⁰</u>	

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39923

Date: 11-8, 1990

From: Juanita Family Address: 38316 N Laberna St San Diego #105

Twenty dollars 20.00 Dollars (\$ 20.00)

In _____ Payment of Credit for

Lot 134 Grave 1 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-1738

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

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

ISSUED BY Maria Black

CREDIT	67007	
20% Sales Care	77184	<u>20.00</u>
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>20.00</u>

301

Send or bring gas coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7738

Credit Lot

Juanita Fairley
3836 Alamaba
San Diego, Ca 92104

Month and Day Due Indicated Below

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

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



\$ 10.00 =

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 11.00

Amount Received

\$ 10.00

NAME Juanita Fairley

ADDRESS 3836 Alabama St #105

CITY San Diego STATE Ca ZIP 92104

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7738

Credit Lot

Juanita Fairley

3836 Alamaba

San Diego, Ca 92104

Month and Day Due Indicated Below

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

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



\$ 10.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 11.00

Amount Received

\$ 10.00

NAME

ADDRESS 3836 Alabama street 105

CITY San Diego STATE Ca ZIP 92104

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7738

Credit Lot

Juanita Fairley

3836 Alamaba

San Diego, Ca 92104

Month and Day Due Indicated Below

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

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



\$ 10.00 =

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received \$ 10.00

NAME Juanita Fairley

ADDRESS 3836 Alamaba St Apt 105

CITY San Diego STATE Ca ZIP 92104

check (✓) if this is new address

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

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7738**

Credit Lot

Juanita Fairley
3836 Alamaba
San Diego, Ca 92104

Month and Day Due Indicated Below

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

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



\$ 10.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$

Amount Received

\$ 10.00

NAME Juanita Fairley

ADDRESS 3836 Alamaba st apt 105

CITY San Diego STATE Ca ZIP 92104

check (✓) if this is new address

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

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7738

Credit Lot

Juanita Fairley

3836 Alamaba

San Diego, Ca 92104

Month and Day Due Indicated Below

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

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



\$ **10.00** -

Amount due if paid more than **10** days after due date above.



\$ **1.00**

\$.

Amount Received

\$ **1000**

NAME **Juanita Fairley**

ADDRESS **3836 Alamaba St, apt 105**

CITY **San Diego** STATE **Ca** ZIP **92104**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7738

Credit Lot

**Juanita Fairley
3836 Alamaba
San Diego, Ca 92104**

Month and Day Due Indicated Below

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

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



\$ 10.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$.

Amount Received \$ 10.00

NAME Juanita Fairley
ADDRESS 3836 Alamaba St apt 105
CITY San Diego STATE Ca ZIP 92104

check if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7738

Credit Lot

Juanita Fairley
3836 Alabama
San Diego, Ca 92104

Month and Day Due Indicated Below

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

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

▶ \$ **10.00** =

Amount due if paid more than **10** days
after due date above.

▶ \$ **1.00**

\$ **10.00**

Amount Received, \$

NAME

Juanita Fairley

ADDRESS

3836 Alabama St Apt 105

CITY

San Diego

STATE

Ca

ZIP

92104

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7738

Credit Lot

Juanita Fairley

3836 Alamaba

San Diego, Ca 92104

Month and Day Due Indicated Below

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

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



\$ **10.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ **10 00**

Amount Received \$ **10.00**

NAME **Juanita Fairley**

ADDRESS **3836 Alamaba St apt 105**

CITY **San Diego** STATE **Ca** ZIP **92104**



check (✓) if this is new address

Send or bring one coupon with each remittance**COUPON****9****DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

E-7738**Credit Lot****Juanita Fairley****3836 Alabama****San Diego, Ca 92104****Month and Day Due Indicated Below**

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

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

10.00 =
\$ _____
Amount due if paid more than **10** days
after due date above.

1.00
\$ _____

10.00
\$ _____

NAME _____ Amount Received \$ _____

NAME Juanita FairleyADDRESS 3836 Alabama st apt 105CITY San Diego STATE Ca ZIP 92104 check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7738

Credit Lot

**Juanita Fairley
3836 Alabama
San Diego, Ca 92104**

Month and Day Due Indicated Below

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

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



\$ **10.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received

\$ **10.00**

NAME

Juanita Fairley

ADDRESS

3836 Alabama st apt 105

CITY

San Diego

STATE

Ca

ZIP

92104

check If this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7738**

Credit Lot

**Juanita Fairley
3836 Alamaba
San Diego, Ca 92104**

Month and Day Due Indicated Below

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

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

▶ \$ **10.00** =

Amount due if paid more than **10** days
after due date above.

▶ \$ **1.00**

\$ 10.00

NAME

Juanita Fairley

Amount Received \$ _____

ADDRESS

3836 Alamaba street 105

CITY

San Diego

STATE

Ca

ZIP

92104

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

8-7738

Credit Lot

Juanita Fairley
3836 Alameda
San Diego, Ca 92104

Month and Day Due Indicated Below

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

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



\$ 10.00

Amount due if paid more than 10 days
after due date above.



1.00

\$ 10.00

Amount Received \$

NAME

Juanita Fairley

ADDRESS

3836 Alameda Street 105

CITY

San Diego

STATE

Ca

ZIP

92104

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **B-7738**

Credit Let

Juanita Fairley
3836 Alabama
San Diego, Ca 92104

Month and Day Due Indicated Below

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

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

10.00

\$

Amount due if paid more than 10 days
after due date above.

1.00

\$

\$

NAME

Juanita Fairley

Amount Received

\$ 10.00

ADDRESS

3836 Alabama st

CITY

San Diego

STATE

Ca

ZIP

92104

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

1-7738

Credit Lot

ACCOUNT No.

Juanita Fairley

3836 Alabama

San Diego, Ca 92104

Month and Day Due Indicated Below

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

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



\$ 10.00

10

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



\$ 1.00

\$ 10.00

Amount Received, \$ _____

NAME Juanita Fairley

ADDRESS 3836 Alabama Street Apt 105

CITY San Diego STATE Ca ZIP 92104

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **H-7738**

Credit Lot

Juanita Fairley
3836 Alabama
San Diego, Ca 92104

Month and Day Due Indicated Below

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

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

▶ **10.00** =
\$ _____

Amount due if paid more than **10** days
after due date above.

▶ **1.00**
\$ _____

\$ 10.00

Amount Received \$ _____

NAME Juanita FairleyADDRESS 3836 Alabama Apt 105CITY San Diego STATE Ca ZIP 92104 check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7738

Credit Lot

Juanita Fairley

3836 Alamaba

San Diego, Ca 92106

Month and Day Due Indicated Below

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

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



\$ 10.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 10.00

NAME Juanita Fairley Amount Received \$ _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **H-7738**

Credit Lot

**Juanita Fairley
3836 Alabama
San Diego, Ca 92104**

Month and Day Due Indicated Below

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

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

▶ \$ **10.00** =

Amount due if paid more than **10** days
after due date above.

▶ \$ **1.00**

\$ **10.00**

Amount Received \$ _____

NAME _____

ADDRESS **3836 Alabama st apt 105**

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

E-7738

Credit Lot

ACCOUNT No.

Juanita Fairley

3836 Alameda

San Diego, Ca 92104

Month and Day Due Indicated Below

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

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



\$ 10.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 10.00

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7738

Credit Lot

**Juanita Fairley
3836 Alabama
San Diego, Ca 92104**

Month and Day Due Indicated Below

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

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

10.00

\$

Amount due if paid more than 10 days
after due date above.

1.00

\$

\$ 10.00

Amount Received \$

NAME Juanita Fairley
ADDRESS 3836 Alabama st apt 105
CITY San Diego STATE Ca ZIP 92104

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON 20
Credit Log

DO NOT MAIL ENTIRE BOOK
ACCOUNT No.

Juanita Fairley
3836 Alabama
San Diego, Ca 92104

Month and Day Due Indicated Below

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

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

▶ \$ 10.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ 10.00

Amount Received \$ _____

NAME Juanita Fairley

ADDRESS 3836 Alabama St #105

CITY San Diego STATE Ca ZIP 92104

check (A) if this is new address

Send or bring one coupon with each remittance.

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7738**

Credit Lot

Juanita Fairley
3836 Alabama
San Diego, Ca 92104

Month and Day Due Indicated Below

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

Amount due when paid on or before
due date above.

▶ \$ 10.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ 10.00

Amount Received \$ _____

NAME

Juanita Fairley

ADDRESS

3836 Alabama St, apt 105

CITY

San Diego

STATE

Ca

ZIP

92104

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

2-7738

Credit Lot

Jessita Fairley

3836 Alabama

San Diego, Ca 92104

Month and Day Due Indicated Below

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

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

\$ 10.00

Amount due if paid more than 10 days
after due date above.

\$ 1.00

\$ 10.00

NAME

Jessita Fairley

ADDRESS

3836 Alabama street 105

CITY

San Diego

STATE

Ca

ZIP

92104

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7738**

Credit Lot

**Juanita Fairley
3836 Alabama
San Diego, Ca 92104**

Month and Day Due Indicated Below

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

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

▶ \$ 10.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ 10.00

Amount Received \$ _____

NAME Juanita Fairley

ADDRESS 3836 Alabama st apt 10 5

CITY San Diego STATE Ca ZIP 92104

check If this is new address

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

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

2-9736

Credit Lab

Juanita Fairley
3836 Alabama
San Diego, Ca 92104

Month and Day Due Indicated Below

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

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



\$ 20.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 20.00

Amount Received

NAME Juanita Fairley

ADDRESS 3836 Alabama St apt 105

CITY San Diego STATE Ca ZIP 92104

check if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-9-88

Auntie Jones Merle Jean
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Auntie & Myrtle Neal

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 133 Grave 576 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 2 @ 250 = 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 _____

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

Address 6602 Omega

City San Diego, CA 92139

State _____ Zip Code _____

Telephone _____

Work Order # E 7739

PV-693 (REV. 8-85)

Invoice # _____

Acct. # _____

NAME Neal, Willie J. & Merle J.

6793 Parkside Ave 92139

ACCT. NO. E-7739

ADDRESS ~~8602 Omega~~, San Diego, Ca 92139 470-4001 RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
1-9 88	Lot 133, Graves 5 & 6, Section 2, Division 11	500 00			
3-7 89	Receipt 37469			100	400
4-4 89	Receipt 37607			100	500
9-5 89	Receipt 38482			100	600
7-6 90	Receipt 39454 39454			100	700

Neal, Willie J. & Merle J.

133 - 566 - 2 - 11

OFFICIAL RECEIPT

No. ^{E 7739} 37469



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Date: 3-7 1989

From: Walter & Marie Neal Address: 6602 Omega St, SD
Tom Dallas 10/100 Dollars (\$ 10.00)

In _____ Payment of Credit Lot

Lot 133 Grave 576 Row _____ Section 2 Division 11 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7739
 BALANCE DUE 490.00

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

CITY AUDITOR
MAR 10 1989

ISSUED BY Andee Webb

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>10</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	6022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

CITY AUDITOR

E 7739
 No 37607

APR 07 1989

Date: 4/4/89

From: Willie + Mark Neal Address: 6602 - Omya - SD 92139
 Dollars (\$ 10⁰⁰)

In Payment of Credit Sale -

Lot 133 Grave 54E Row _____ Section 2 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7739

BALANCE DUE 480⁰⁰

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

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

[Signature]

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10 00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>10 00</u>

OFFICIAL RECEIPT

NO **E 7739**
38482



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

From: Wilbur Neal Address: 6602 Camino, SD 92139 Date: 9-5, 1989
ten dollars Dollars (\$ 10.00)
 In _____ Payment of Pre-need Credit

Lot 133 Grave 546 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7739
 BALANCE DUE 470.00

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

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10.00</u>
Opening/Closing	77181	CITY AUDITOR
Burial Containers	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	<u>SEP 1 1989</u>
Pre-Need Trust	77183	
Sales Tax	63033	
	8022	
	80101	
	78380	
TOTAL PAID		<u>10.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E 7739
 No 39454

From: William Deal Address: 6713 Parkside Ave, SA 92139 Date: 4-6, 1990
Don Hoffman Dollars (\$ 10.00)
 In _____ Payment of Credit for

Lot 133 Grave 516 Row _____ Section 2 Division Block 11

Invoice No _____
 Acct. No _____
 W.O. E-7739
 BALANCE DUE 841.00

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

AC-212 (Rev. 10-87)

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>10</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	8022		
	60101		
	78380		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

E7739

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Willie & Merle Neal

Address 6793 Parkside Ave. S.D. CA 92139

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 133, Grave 546, Row —, Section 2, ~~Block~~ Division 11 in Mt. Hope Cemetery, entered into on November 9, 1988, by and between Mt. Hope Cemetery and Willie & Merle Neal that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michelle L. Clark
Clerical Asst. II

E 7739

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Willie Jones Merle Jean Date 11-9-88
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Willie & Merle Jean
in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

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

Lot 133 Grave 586 Row _____ Section 2 Division/Block 11

Grave space & Care Fund R @ 250 = 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 _____

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

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

Signature of record holder of deed _____

Signature [Signature]
Address 6602 Omega
San Diego, CA 92139
City _____ State _____ Zip Code _____
Telephone _____

Work Order # E 7739
PY-603 (REV. 8-85)

Invoice # _____
Acct. # _____

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 23 day of November, 1988, between Beattie & Melba J. Neal, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 133, Grave 546, Row 2, Section , Block/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$500.00, payable as follows: \$ cash herewith, the receipt of which is hereby acknowledged; \$ 20.00 on the 10 day of January, 1988; and the balance in installments of \$ 20.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

E 7739

WITNESS our hands this day and year above written.

Deed to be issued to:

Willie James & Merle Jean Heat
Name

6602 Omega
Address

San Diego, CA 92139

23 @ 20
1 @ 40

PURCHASER

T. J.

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Arba Ward



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

Property Department
264-3151

E 7739
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

February 22, 1989

Willie J. & Merle J. Neal
6602 Omega
San Diego, Ca 92139

Re: Credit Lot Purchase

It has been over a year since a payment was received at Mt. Hope towards the purchase of your grave plot (s). If a payment is not received at Mt. Hope by March 15, 1989 it will be assumed you are no longer interested in the plot. The grave will be put on the market for sale. All funds paid thus far will be forfeited.

If you have any questions please call 264-3151.

Sandra Ward
Administrative Aide II
Mt. Hope Cemetery

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego ✓

Date 11/10/88

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

of Reather Mae Taylor
 in a Double Crypt - on date Vault/Liner 11 Am - 11/15/Tues - Funeral, date, time
Church & Home Burial 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 42 Grave 2 Row - Section 2 Division/Block 11

Grave space & Care Fund	<u>300⁰⁰</u>
Additional spaces and care fund	*
Opening/Closing & Setup	<u>320⁰⁰</u>
Burial Container	<u>330⁰⁰</u>
Handling Fees	<u>320⁰⁰</u>
Flower vases - Marker setting fee	-
Recording and filing fee	* <u>35⁰⁰</u>
Sales taxes	<u>21⁴⁵</u>
<u>30 day note</u>	Total Due <u>1326⁴⁵</u>
	Paid receipt number <u>37081</u> <u>1326⁴⁵</u>
	Balance due <u>0</u>

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 _____

* Ed B. Taylor
 Signature
 * 4944 manomet st
 Address
 * San Diego CA 92113
 State
 * 619-264-7426 Zip Code
 Telephone

Work Order # E 7740
 PY-593 (REV. 8-85)

Invoice # _____
 Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

005990

No 37081

CITY AUDITOR 28
 12/9 DEC 14 1988

Date: _____ 19__

From: Ed Taylor Address: 4944 Marmon St,

In _____ Payment of Deathon Taylor's interment

Lot 42 Grave 2 Row _____ Section 2 Division 11
 Block _____

Invoice No _____
 Acct. No _____
 W.O. 2-7740
 BALANCE DUE 6

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

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Care	77184	60 00
80% Sales of Lots	100	240 00
Opening/Closing	77184	320 00
Burial Containers	100	230 00
Handling Fee	77182	320 00
Recording & Misc. Fees	100	35 00
Pre-need Total	77183	
Sales Tax	63033	21 45
	9022	
	80101	
	78390	
TOTAL PAID		\$ 1226 45

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
0125540

W.O. # E 7740

NOTE

\$ 1326⁴⁵

San Diego, California

Nov 10 19 88

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of thirteen hundred twenty six and 45/100 DOLLARS with interest from Nov 12, 1988 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME _____

SIGNATURE X Ed B. Taylor

ADDRESS _____

CALIF. DRIVERS LIC. X FO 797571

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7740

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Reather Mae Taylor		SEX Female	DATE OF BIRTH May 25, 1932	DATE OF DEATH Nov. 10, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Ed B. Taylor - Husband 4944 Manomet Street San Diego, CA 92113	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, CA		CALIFORNIA LICENSE NUMBER F 1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4 SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Metal Sealant - Lewin Lock	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Bottom on Double Crust			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 14 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. ...</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/15/88 (ENTER DATE) Ed - 28-2-11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Joyce ...</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN OTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH San Diego County Dept. of Health R. O. Box 85222 San Diego, CA 92138-5222			

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-9-88

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

of Effie Patterson
in a 11 Vault/Line Funeral date, time Mon 11/14 11:00 AM
Church, Chapel, Graveside Chapel of Love, Huntington 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 87 Grave 2 Row _____ Section 4 Division/Block 7

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

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____
Address _____
State _____ Zip Code _____
Telephone _____

Work Order # E 7741
PY-583 (REV. 8-88)

Invoice # _____
Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7791

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT HELVIE ELIZABETH PATTERSON		SEX Female	DATE OF BIRTH 09-22-1903	DATE OF DEATH 11-09-1988
PLACE OF DEATH—CITY OR TOWN El Cajon		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Hina Urbach (Daughter) 1352-A San Ysidro, Blvd. San Ysidro, CA 92073
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON TO WHOM REMAINS WERE DELIVERED) Humphrey Chula Vista Mortuary—855 Broadway Chula Vista, CA		CALIFORNIA LICENSE NUMBER F-964		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4 SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Metal Sealer - Zoja Batorath	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
DISPOSITION AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Coastal - Rainy grave to be covered.		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 10 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/14/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 87-2-4-7	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

90

Date 11/14/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ralph Haner in a Double Crypt Funeral, date, time Nov 11-15, 1:45 Church, Chapel, Graveside Solemn only; Humphries 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 Witness

Lot 2073 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	<u>By Paid - E-4109</u>	
Additional spaces and care fund	<u>for Double Burial -</u>	
Opening/Closing & Setup		<u>320.00</u>
Burial Container		<u>330.00</u>
Handling Fees		<u>320.00</u>
Flower vases - Marker setting fee		
Recording and filing fee		<u>35.00</u>
Sales taxes		<u>21.45</u>
	Total Due	<u>1026.45</u>
	Paid receipt number <u>37279</u>	<u>1026.45</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 deed.

Signature of record holder of deed _____

Lily Booth Haner
Signature
1018 E. Lexington
Address
El Cajon, Ca 92020
City State Zip Code
444 9254
Telephone

Work Order # E 7742
PY-883 (REV. 8-85)

Invoice # _____
Acct. # _____

*Send credit to Attorney's Office
1000 S. Sweet Ave. Suite 2000
San Diego, CA 92101*

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7742

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT RALPH HANER		SEX Male	DATE OF BIRTH June 26, 1907	DATE OF DEATH Nov. 11, 1988
PLACE OF DEATH—CITY OR TOWN El Cajon	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Lily B. Haner (Wife) 1018 East Lexington Avenue El Cajon, CA 92020	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON TO WHOM SUCH FUNERAL RIGHTS ARE TRUSTED) Humphrey Chula Vista Mortuary - 677 Broadway Chula Vista, CA		CALIFORNIA LICENSE NUMBER F-964		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Plywood Box 24X24X78	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Non-embalmed - Big man -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Double Crypt - on bottom		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 15 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Ramos, M.D. Co
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/15/88 (ENTER DATE) 2018-10	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Geoyew [Signature]	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37279

Date: 2-1 19 89

From: Lily Booth Green Address: 1018 E. Lexington Ave, El Cajon
one thousand twenty-six 45/100 Dollars (\$ 1026.45)
 In _____ Payment of Ralph Vance's Interment

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____
 Acct. No. _____
 W.O. 8-7742
 BALANCE DUE 0

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

AC-212 (Rev. 10-57)

103

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

CITY AUDITOR
 FEB 06 1989

[Signature]

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>320</u>	<u>00</u>
Burial Containers	77182	<u>330</u>	<u>00</u>
Handling Fee	77185	<u>220</u>	<u>00</u>
Recording & Misc. Fees	77183	<u>35</u>	<u>00</u>
Pre-Need Trust	63033		
	9022	<u>21</u>	<u>45</u>
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>1026</u>	<u>45</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

air seal vault for her

Date

11/14/88

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

of *Daphne F. Squires*

in a *vault* Funeral, date, time *Wed - 11/16 - 11:30A*

Church, Chapel, Graveside *Chapel & G.S.* *Bendon Brothers* 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 *Boat Gate*

✓ Lot *X* Grave *12* Row *11* Section *2* Division *2*

Grave space & Care Fund *Per deed C-52087*

Additional spaces and care fund *none*

Opening/Closing & Setup *320.00*

Burial Container *175.00*

Handling Fees *170.00*

Flower vases - Marker setting fee

Recording and filing fee *35.00*

Sales taxes *11.37*

Total Due *711.37*

Paid receipt number *36960* *711.37*

Balance due *0*

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

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

Signature of recorded holder of deed

Signature

Address

State

Telephone

Invoice #

Acct. #

Work Order #

PR-503 (REV. 8-88)

E 7743

Daphne L. Ball
22 W 247 Glen Valley
Glen Elyn, IL
60137
312/469-2618

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7743

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Daphne F. Squires		SEX Female	DATE OF BIRTH April 28, 1899	DATE OF DEATH Nov. 10, 1988
PLACE OF DEATH—CITY OR TOWN Glen Ellyn		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Illinois		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Daphne L. Bell - Daughter 22 W. 247 Glen Valley Drive Glen Ellyn, IL. 60137
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON DISPOSING REMAINS) Cypress View/Bonham Brothers		ADDRESS 3955 Imperial Ave. San Diego, CA.	CALIFORNIA LICENSE NUMBER 670	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Wooden T.S. Vault	DATE CREMATED —
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY FOR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Vet WW2	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/16/88 (ENTER DATE)	DATE PERMIT ISSUED NOV 15 1988
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Dorothy L. Cannon, M.D.
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Geoyen Stetter
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

No 36960



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

From: Daphne Ball Address: 22 W 24th San Valley Date: 11-14, 1988

In Seven hundred eleven 37/100 Dollars (\$ 711.37)

Payment of Daphne J. Quince's Interment

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

Invoice No. _____

Acct. No. _____

W.O. 2-7743

BALANCE DUE 8

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

AC-212 (Rev. 10-87)

730

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

CITY AUDITOR
NOV 21 1988

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	320	00
Burial Containers	100	175	00
Handling Fee	77182	170	00
Recording & Misc. Fees	100	35	00
Pre-Need Trust	69033		
Sales Tax	9022		
	80101	11	37
	78380		
TOTAL PAID	\$	711	37

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Need John Burns 10:30 to pre-set casket
Date 11-14

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

of Eleanor Lund

in a T.S. Vault Funeral, date, time Nov 14 11 AM

Church, Chapel, Graveside Mortuary, John

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

Lot 379 Grave _____ Row _____ Section 1 Division/Bleek 8

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee _____

Recording and filing fee 25.00

Sales taxes 11.37

Total Due 711.37

Paid receipt number 36969 711.37

Balance due 0

daughter will be here 1:00 11-14 to punch arrangement

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

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

Signature of recorded holder of deed _____

Mrs Ethel M. Brown
Signature
9255 Bellagio Rd.
Address
San Diego, Ca. 92071
State Zip Code
(619) 448-5456
Telephone

Work Order # E 7744

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7744

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT ELEANOR BELL LUND		SEX female	DATE OF BIRTH June 3, 1899	DATE OF DEATH Nov 14, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Ethel Anetta Bryant - daughter 9255 Bellagio Road Santee, CA 92071
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104		CALIFORNIA LICENSE NUMBER F-480		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY </div> <input type="checkbox"/> 10 DISPOSITION PENDING |
|--|---|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery - San Diego, CA...3751 Market St.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a Greenwood -	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a T-2 Vault -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 16 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>11/17/88</u> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Dorall L. ...	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Georgina ...	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH n/a		
LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE			

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 36969

Date: 11-14 1988

From: Hel Supant Address: 9255 Bellagio Rd

2555 Bonded cleaner 371100 Dollars (\$ 711.37)

In Payment of cleaner's unpaid interest

Lot 379 Grave _____ Row _____ Section 1 Division 8 Block _____

Invoice No. _____

Acct. No. _____

W.O. B-7704

BALANCE DUE 1250

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR
 NOV 21 1988

ISSUED BY Andrea Wald

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>320</u>	<u>00</u>
Burial Containers	100	<u>175</u>	<u>00</u>
Handling Fee	77182	<u>170</u>	<u>00</u>
Recording & Misc. Fees	100	<u>35</u>	<u>00</u>
Pre-Need Trust	63033		
Sales Tax	8022		
	60101	<u>11</u>	<u>37</u>
	78360		
TOTAL PAID	\$	<u>711</u>	<u>37</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-14-88

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

of Anna E. Waite

in a Best Vault Funeral, date, time Tues 11/22 11:00

Church, Chapel, Graveside Deliver only: Sicken-Anderson 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 Witness L

Lot 5 Grave 2 (Opp Reg'd) Section MPS Division/Block L

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 2.60

Total Due 242.60

Paid receipt number 36961 242.60

Balance due 0

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

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

Signature of recorded holder of deed

Dorothy W. Berman
Signature

11 Lamberton Rd.
Address

Oakville, Wash. 98568
State Zip Code

(206) 293-8200
Telephone

Work Order # E 7745

PY-583 (REV. 8-85)

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7745

#57331

Erickson Anderson

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT AKA Anna Emeline Waite Anna Emeline Waite	SEX Female	DATE OF BIRTH Dec. 27, 1902	DATE OF DEATH Nov. 10, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Dorothy W. Barrian (Cousin) 11 Langabeer Rd. Oakville, Washington 98568	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Erickson Anderson Mortuary 8390 Ardison Ave., La Mesa, CA 92041	CALIFORNIA LICENSE NUMBER F296		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 BURIAL INCLUDES ENTOMBMENT | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input checked="" type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4 SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Rose Cemetery 3751 Market St., San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Cypress View Crematory 3933 Imperial Ave., San Diego, CA	DATE CREMATED 11-17-88
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Top Right Hand Side	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT [Signature]
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$ 4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/22/88 5/8/MS/L (ENTER DATE)	DATE PERMIT ISSUED NOV 15 1988
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Powell M.D.
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Leoyen Statta
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY TO CEMETERY
 PINK TO AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3181

No 36961

Date: 11-14, 1988

From: Donath Berman Address: _____
100 Avenida Jerte - Two 60/00 Dollars (\$ 242.60)
 In _____ Payment of Bond E. Waites Summit

Lot 5 Grave 2 Row _____ Section MAS Division L

Invoice No. _____

Acct. No. _____

W.O. 2-7745

BALANCE DUE 0

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

AC-212 (Rev. 10-87)

464

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

CITY AUDITOR

NOV 21 1988

ISSUED BY Andrea Reed

CREDIT	87007	
20% Sales Cars	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	<u>105 00</u>
77181		
Burial Containers	100	<u>40 00</u>
77182		
100		<u>60 00</u>
Handling Fee	77185	
100		<u>35 00</u>
Recording & Misc. Fees	77183	
Pre-Need Trust	9022	
9022		
Sales Tax	80101	<u>2 60</u>
78380		
TOTAL PAID	\$	<u>242 60</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/14/88

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

of Emma Williams

in a Top lead Vault Vault/Liner Funeral date, time Fri-11/18 2pm

Church, Chapel, Graveside Wood & Grove, Regadale 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 34 Grave 8 Row _____ Section 15 Division/~~Block~~ 7

Grave space & Care Fund C-0042 Paid

Additional spaces and care fund none

Opening/Closing & Setup 320⁰⁰

Burial Container Sealed Vault - Earth 175⁰⁰

Handling Fees labor 170⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee 35⁰⁰

Sales taxes 11.37

Total Due 711.37

Paid receipt number 38962 711.37

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 Nelson Marsh
2667. Lat
Address 5000 Quays Calif
State _____ Zip Code 92112
983-3963
Telephone

Signature of recorded holder of deed _____

Work Order # E 7746

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7746

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT EMMA WILLIAMS		SEX Female	DATE OF BIRTH <i>1892</i> May 24, 1988	DATE OF DEATH Nov. 11, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Helen Guy - Daughter 2667 "L" Street San Diego, CA 92102		
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.: San Diego, CA <i>3050 Federal Blvd.</i>		CALIFORNIA LICENSE NUMBER F 1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">FOR CORONER'S USE ONLY</p> <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED <i>Cloth Covered Wooden</i>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY FOR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A <i>T.S. Vault</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 18 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramon, M.D. C.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <i>11/18/88</i> <i>37-8-11-7</i> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Raymond [Signature]</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH San Diego County Dept. of Health Services P. O. Box 85222 San Diego, CA 92138-5222		

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 36962

Date: 11/14, 1988

From: Helene Guy Address: 2667 - L St S.D. 92102

In full Payment of Seven Hundred Fifty and 37/100 Dollars (\$ 711.37)
Interment of and for Emma Williams dec

Lot 34 Grave 8 Row — Section 15 Division 7

Invoice No. ~~~~~

Acct. No. ~~~~~

W.O. E 7746

BALANCE DUE 0

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR
 NOV 21 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>360.00</u>
Burial Containers	100	<u>175.00</u>
Handling Fee	77185	<u>170.00</u>
Recording & Misc. Fees	77183	<u>35.00</u>
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	<u>11.37</u>
	78390	
TOTAL PAID	\$	<u>711.37</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-14

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

of Robert Dale Dean

in a Cash Vault Funeral, date, time Wed 11-16 2pm

Church, Chapel, Graveside Seaside Calif Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran yes WW2

✓ Lot 19 Grave 19 Row 16 Section 2 Division/Block 2

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container Cash Vault - 40.00

Handling Fees Center Top 1/2 60.00

Flower vases - Marker setting fee over

Recording and filing fee 35.00

Sales taxes 2.60

Total Due 242.60

Paid receipt number 26977 142.60

4/07/89 Balance due 100.00

*Maybe
3 day - to pay
guide VA of
shows cost
of space*

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

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

Mrs. Dean
Norma Dean
 Signature

Address

Signature of recorded holder of deed

State 728-3215 Zip Code

Telephone

⊗

Work Order # E 7747
 FY-583 (REV. 8-85)

Invoice # 10044
 Acct. # 028935

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7797

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Robert Dale Dean		SEX Male	DATE OF BIRTH 3-31-1920	DATE OF DEATH 11-12-1988
PLACE OF DEATH—CITY OR TOWN Fallbrook		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Norma M. Dean (Wife) 230 E. Fallbrook Street Fallbrook, CA 92028	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) CALIFORNIA CREMATION & BURIAL CHAPEL 5602 El Cajon Blvd. San Diego, CA		CALIFORNIA LICENSE NUMBER F-1357		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Inc., 14065 Olde Hwy. 80 El Cajon, CA	DATE CREMATED 11/15/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR POSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT Preneed by: <i>[Signature]</i> DATE SIGNED November 14, 1988
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 15 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/16/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED 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 BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 36977

From: Norma Dean Address: 230 E. Fullbrook St #9 - F.B. Ca 92028
 Date: 11/16/88, 1988
 Dollars (\$ 100.00)
 is Part Payment of Instrument of Robert D Dean - Dec

Lot _____ Grave 19 Row 16 Section 2 Division 2

Invoice No. _____

Acct. No. _____

W.O. E 7747

BALANCE DUE 142.50

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

AC-212 (Rev. 10-87)

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

6

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Cert	77184	
80% Sales of Lots	100	
Opening/Closing	100	
Serial Containers	77181	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	63033	
	9022	
	60101	
	78380	
TOTAL PAID	\$	<u>100.00</u>

CITY/0.00
 NOV 25 1988

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7798

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Tiffany Small		SEX Female	DATE OF BIRTH Dec. 5, 1983	DATE OF DEATH Nov. 30, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Rennald Small - Father 2220 Dunlop St. Apt. 4 San Diego, CA 92111		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mort. San Diego, CA 5050 Federal Blvd.		CALIFORNIA LICENSE NUMBER F 1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A 4-0 Heghpile-Woodm-	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT OF SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A #1 Bell Tower -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 14 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/16/88 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Rennald K. Ramos, M.D., M.M.	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH San Diego County Dept. of Health Services San Diego, CA 92138-5222		
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE P. O. Box 85222

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

OFFICIAL RECEIPT

No 37118



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12/9/29, 1938

From: W. County
Post Office Box 5454 Ruffin Rd.
Address: 5454 Ruffin Rd.

In Five hundred twenty-nine and 84/100 Dollars (\$ 529.84)
full Payment of statement of + for Ruffin small

Lot 132 Grave _____ Row _____ Section 3 Division Block 9

Invoice No. _____
Acct. No. _____
W.O. E-7748
BALANCE DUE _____

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

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

CITY AUDITOR
JAN 09 1989

ISSUED BY [Signature]

CREDIT	67007	39 00
20% Sales Tax	77104	
30% Sales of Lots	100	156 00
	77194	
Opening/Closing	100	195 00
	77181	
Burial Containers	000001	75 00
	700	25 00
Handling Fee	77185	
Recording & Misc. Fees	100	35 00
	77183	
Pre-Need Trust	63033	
	9022	4 87
Sales Tax	60101	
	78390	
TOTAL PAID	\$	529 84

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

P.A. 106-2182

Date 11-14-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carl Turner Jr. (Infant 2 wks) in a _____ Vault/Urner Funeral date, time Thurs 11Am - 11/17 Church, Chapel, Graveside Deliver Oak Ridgevale Mortuary. All Funeral cars must arrive before 3:30 p.m. on regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 112 Grave 6 Row _____ Section 100F Division/Block 43

Grave space & Care Fund 28.00
Additional spaces and care fund
Opening/Closing & Setup 45.00
Burial Container
Handling Fees
Flower vases - Marker setting fee
Recording and filing fee
Sales taxes
Total Due

Paid receipt number _____
Balance due 73.00

PA to call back with # 2-0 Flax

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

P.A # 106-2182

Work Order # E 7749
PY-593 (REV. 9-88)

Invoice # _____
Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7749

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Carl Ranell Turner, Jr.		SEX Male	DATE OF BIRTH Oct. 25, 1988	DATE OF DEATH Nov. 9, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Carl Turner, Sr. - Father 24 No. Drexel Ave. National City, CA 92050	
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102		CALIFORNIA LICENSE NUMBER F 1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED wooden (P.A.)	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A <i>no line - 2-0 Casket</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 14 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Dorall E. Ramon, M.D.</i>	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH P. O. Box 85222 San Diego County Dept. of Health Services San Diego, CA 92138-5222		

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

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11/15/88

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

of Nettie Cawner

in a Single Vault Funeral date, time 11/17 - Thu - 2 P.M.

Church, Chapel, Graveside Chapel & SS Levee Colonial Mortuary.

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

Lot 125 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Need # 11305 - E-6K2 - _____

Additional spaces and care fund none _____

Opening/Closing & Setup _____ 320⁰⁰

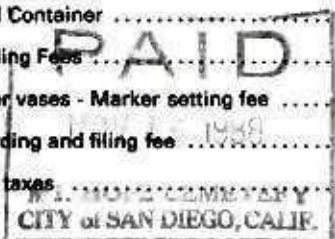
Burial Container _____ 175⁰⁰

Handling Fees _____ 170⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee 1988 _____ 35⁰⁰

Sales taxes _____ 11.37



Total Due _____ 711.37

Paid receipt number 36970 711.37

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.

James H. Cawner
I hereby authorize the interment in lot I hold under deed.

* James Cawner
Signature _____

4135 Jellison - # 7
Address _____

San Diego
State _____ Zip Code _____

CA. 92104
Telephone _____

Signature of recorded holder of deed _____

Invoice # _____

Acct. # _____

Work Order # **E 7750**
PV-883 (REV. 8-88)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7750

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT NETTIE E. CAVNER		SEX female	DATE OF BIRTH Aug 8, 1912	DATE OF DEATH Nov 14, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT James K. Cavanaugh - husband 4135 Illinois St. #17 San Diego, CA 92104
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lewis Colonial/Bembough 3051 El Cajon Blvd. San Diego, CA 92104		CALIFORNIA LICENSE NUMBER F-480		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery - San Diego, CA...3751 Market St.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Wooden		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 16 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/17/88 (ENTER DATE) 125/3/24		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i> LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH n/a		

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

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 36970

From: James Cawen Address: 4135 Del. #7 Date: 11/15/88
Seventy Hundred eleven and 37/100 Dollars (\$ 711.37)

In full Payment of Interment fees for Nettie Cawen - deceased
Complete - no marker included -

Lot 125 Grave 3 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E 7750
 BALANCE DUE 0

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

AC-212 (Rev. 10-87)

259
2

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

CITY AUDITOR
 NOV 21 1988

Raymond [Signature]

CREDIT	67007	
20% Sales Tax	77184	
60% Sales of Lots	100	
Opening/Closing	77181	<u>320.00</u>
Burial Containers	100	<u>175.00</u>
Handling Fee	77182	<u>170.00</u>
Recording & Misc. Fees	100	<u>35.00</u>
Pre-Need Trust	63033	
Sales Tax	9022	<u>11.37</u>
TOTAL PAID	80101	<u>711.37</u>
	76390	

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-15-88

*Unneeded
 Just*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Adam or Henry Adam in a _____ Vault/Liner Funeral, date, time _____ Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 43 Grave 8 Row _____ Section 1 Division/Block 11

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 320.00

Burial Container _____ 175.00

Handling Fees _____ 170.00

Flower vases - Marker setting fee Pd in full _____

Recording and filing fee 10-30-90 _____ 35.00

Sales taxes Pd \$713.37 _____ 11.37

Total Due _____ 711.37

*23 @ \$29
 1 @ \$4.37*

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Robert Adam
 Signature _____
 Address 1883 Leimrook Dr
San Diego, CA 92111
 Telephone 279-0439 Zip Code _____

Work Order # **E 7751**

Invoice # _____

Acct. # _____

NAME Odom, Robert or Henry

ACCT. NO. E-7751

ADDRESS 1883 Lanbrook Drive, San Diego, Ca 92111

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
15 88	Lot 43, Grave 8, Section 1, Division 11 Opening/Closing, Top Seal Vault, Recording	711 37			
1/30 88	Coupon 1, Receipt 37007			300	681 37
1-5 89	Coupon 2, Receipt 37178			300	651 37
2-1 89	Coupon 3, Receipt 37283			290	622 37
2-28 89	Coupon 4, Receipt 37404			290	593 37
3-24 89	Coupon 5, Receipt 37547			290	564 37
4-28 89	Coupon 6, Receipt 37714			290	535 37
6-2 89	Coupon 7, Receipt 37893			290	506 37
6-16 89	Coupon 8, Receipt 38231			290	477 37
8-2 89	Coupon 9, Receipt 38352			29 -	448 37
8-21 89	Coupon 10, Receipt 38460			290	419 37
10-2 89	Coupon 11, Receipt 37986			290	390 37
10-31 89	Coupon 12, Receipt 38087			290	361 37
10-4 89	Coupon 13, Receipt 38625			290	332 37
1-4 90	Coupon 14, Receipt 38732			290	303 37
2-6 90	Coupon 15, Receipt 38853			290	274 37
3-6 90	Coupon 16, Receipt 38945			290	245 37
4-3 90	Coupon 17, Receipt 39066			290	216 37

pd in full
 6/1/90

NAME

ACCT. NO.

ADDRESS

RATING

LIMIT

DATE

ITEMS

DEBIT

✓

CREDIT

BALANCE

*5-2-90	Coupon 18, Receipt 39177				210.07
7-2-90	Coupon 19, Receipt 39436			29.00	181.37
8-3-90	Coupon 21, Receipt 39559			29.00	152.37
10-3-90	Coupon #22,23, Receipt# 39772			58.00	94.37
10-30-90	Coupon 24, Receipt 39887			44.37	50.00
*6-1-90	Receipt 35253			29.00	21.00

Paid-in full
Debit Sent

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 264-3151

No 37007

Date: 11-30 1988

From: Robert Adam Address: 1883 Tibbuck Dr, SD

thirt, dollars no/100 - Dollars (\$ 30.00)
 In Payment of vaugon 1 Preneed Trust

Lot 43 Grave 8 Row Section 1 Division 11
 Block

invoice No.

Acct. No.

W.O. 8-7751

BALANCE DUE 681.37

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

AC-212 (Rev. 10-87) 1002

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

CITY AUDITOR
 DEC 9 1988

ISSUED BY Sandra Nord

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77181		
Recording & Misc. Fees	100		
Pre-Need Trust	77182		
Sales Tax	60101		
TOTAL PAID	78390		
		30	00
		30	00

OFFICIAL RECEIPT

No 37178



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY

264-3151

Date: 1-5, 1989

From: Robert Adam Address: 1783 Lakewood Dr, SD

Fifty dollars Dollars (\$ 50.00)

In Payment of coupon & funeral trust

Lot 43 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-9751

BALANCE DUE 651.37

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

AC-212 (Rev. 10-87)

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

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>30 00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>30 00</u>

CITY AUDITOR
 JAN 11 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37283

From: Robert Chapman Address: 1883 Fenbrook Rd, SD Date: 2-1, 1989
Wesley - Marie 10/1/88
 Dollars (\$ 29.00)
 In Payment of Invoice # 3 Pre-need Trust

Lot 43 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-7751
 BALANCE DUE 622.37

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

AC-212 (Rev. 10-87)

1025

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
CITY AUDITOR
FEB 06 1989
 ISSUED BY [Signature]

CREDIT	57007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	60303	<u>29.00</u>
	9022	
	60101	
	76390	
TOTAL PAID	\$	<u>29.00</u>

OFFICIAL RECEIPT

No 37404



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-28 1989

From: Robert Adam Address: 1883 Leimbrook Dr, SP

twenty-nine 20/100 Dollars (\$ 29.00)

In _____ Payment of Prepaid Trust

Lot 43 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____
Acct. No. _____
W.O. 8-7751
BALANCE DUE 593.37

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

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
PAID IN THIS SPACE

CITY AUDITOR
MAR 06 1989

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Cars	77184	
90% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	63033	<u>29.00</u>
	9022	
	60101	
	78360	
		<u>29.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37547

From: Robert Adams Address: 1883 Lenbrook Dr, D
Twenty-nine Dollars (\$ 29.00)
 In Payment of Prepaid Trust Expires 5

Date: 3-24, 1989

Lot 43 Grave 8 Row _____ Section 1 Division 11
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. 2-7751
 BALANCE DUE 564.37

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

1045

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
CITY AUDITOR
MAR 30 1989
 ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77164		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>29.00</u>
9022		
Sales Tax	60101	
78380		
TOTAL PAID	\$	<u>29.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37714

From: Robert Odum Address: 1883 Lumberbrook Dr, SD Date: 4-28, 1989
Twenty-nine Dollars (\$ 29.00)
 In Payment of Coupons to Fenced Trust
 Lot 43 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 8-7751
 BALANCE DUE 535.37

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

AC-212 (Rev. 10-87)

1056

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

ISSUED BY [Signature]

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

CITY AUDITOR
 MAY 08 1989
29.00
29.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 37893

Date: 6-2 19 89

From: Robert Olson Address: 1063 Sanbrook Dr SD

In Trust - new will Dollars (\$ 29.00)
 Payment of Coupon 7 - Purced Trust

Lot 43 Grave 1 Row _____ Section 1 Division 11 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7751
 BALANCE DUE 506.37

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

CITY AUDITOR
 JUN 09 1989

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	<u>29.00</u>
Sales Tax	9022	
TOTAL PAID	78390	<u>29.00</u>

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

1069

ISSUED BY [Signature]

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 38231

Date: July 6, 1989

From: Robert Odum Address: 1883 Lindbrook Drive

Twenty nine ^{no 1100} Dollars (\$ 29.00)

In _____ Payment of Coupon B Preneed Trust

Lot 43 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7751

BALANCE DUE \$ 477.37

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

AC-212 (Rev. 10-87)

1141

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

ISSUED BY Sharon D. Crain

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	
	63033	<u>29.00</u>
	9022	
	80101	
	78380	
		<u>29.00</u>

CITY AUDITOR

JUL 10 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 38352

Date: Aug 3, 1989

From: Robert Odum Address: 1883 Kimbrook Dr

In part Payment of Pranad Trust Dollars (\$ 29.00)

Lot 43 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7751

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1153

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

ISSUED BY R. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>29.00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>29.00</u>

CITY AUDITOR
 AUG 07 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

112 38460

Date: 8-31, 1989

From: Robert Adams Address: 1123 Lenbrook Drive S.D. 92111

Trusty - since 1960 Dollars (\$) 29.00

In Payment of Coupon Personal Trust

Lot 43 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7751

BALANCE DUE 419.37

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

AC-212 (Rev. 10-87)

1165

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

ISSUED BY Supra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	83033	<u>29.00</u>
	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>29.00</u>

CITY AUDITOR

SEP 05 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 37986

From: Robert Chan Address: 1883 Lenbrook Dr, SD Date: 10-2 19 89
 In Twenty-nine Dollars (\$ 29.00)
 Payment of Copy for 11 Funeral Trust

Lot 43 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-7751
 BALANCE DUE 390.37

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

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184	100	
Opening/Closing	77181	
Burial Containers	100	
77182	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183	60033	
Pre-Need Trust	8022	<u>29.00</u>
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>29.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 1178

CITY AUDITOR
 OCT 10 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO 38087

Date: 10-31, 1989

From: Robert Olson Address: 1183 Leekwood Drive, SD

Twenty-nine Dollars (\$ 29.00)

In Payment of Aug 12 Pre-need Trust

Lot 43 Grave 8 Row 1 Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7751

BALANCE DUE 361.37

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

AC-212 (Rev. 10-87)

1185

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

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	<u>29.00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>29.00</u>

CITY AUDITOR
NOV 06 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

NO 38625

From: Robert Obama Address: 783 Lenbrook Drive, S Date: 12-4, 1989

In twenty-nine Dollars (\$ 29.00)
 Payment of Unpaid 13 Burial Trust

Lot 43 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-7751
 BALANCE DUE 332.37

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

AC-212 (Rev. 10-87)

1201

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

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	63033	<u>29.00</u>
	9022	
	60101	
	78380	
		<u>29.00</u>

CITY AUDITOR
 DEC 11 1989

• OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 38732

From: Robert Odom Address: 1883 Linbeck Dr., La Jolla Date: 1-4, 1990
Twenty Nine Dollars Dollars (\$ 29.00)
 In Payment of Coupon 14, ~~Pre-need Trust~~ Pre-need Trust

Lot 43 Grave 8 Row _____ Section 1 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7751
 BALANCE DUE 4303.37

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

AC-212 (Rev. 10-87)

1213

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

ISSUED BY J. A. Wait

CREDIT	67007	
20% Sales Care	77184	CITY AUDITOR
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	JAN 08 1990
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	29 00
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	29 00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 38853

Date: 2-6, 1990

From: Robert Odum Address: 1883 Lenbrook Ave, 92111

Twenty Nine Dollars Dollars (\$ 29.00)

In Payment of Pre-Paid Trust

Lot 43 Grave 8 Row _____ Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-7751

BALANCE DUE \$274.31

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

AC-212 (Rev. 10-87) 1220

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	CITY AUDITOR
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	FEB 12 1990
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
TOTAL PAID	63033	<u>29.00</u>
	9022	
	60101	
	78390	<u>29.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 264-3151

CITY AUDITOR

NO 38945

Date: 3-6, 1990

From: Robert Odum Address: 1813 Linbrook Dr. St. 92111

In Master-Price Bill Dollars (\$ 29.00)
 Payment of Pre-Need Trust

Lot 43 Grave 8 Row _____ Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-7751

BALANCE DUE _____

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

AC-212 (Rev. 10-87)

1231

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

ISSUED BY J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77184	
Recording & Misc. Fees	100	
Pre-Need Trust	83033	<u>29 00</u>
Sales Tax	9022	
TOTAL PAID	80101	<u>29 00</u>
	78390	

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 264-3151

CITY AUDITOR

NO 39066

Date: 4-3, 19 90

From: Robert Adams Address: 1713 Leeward Ave, # 92111

Twenty Nine Dollars Dollars (\$ 29.00)

In Payment of Plot Fee Trust Fund

Lot 43 Grave 9 Row _____ Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-7757

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1239

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	<u>29 00</u>
Sales Tax	63033	
	9022	
	80101	
	78990	
TOTAL PAID	\$	<u>29 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

CITY AUDITOR

MAY 07 1990

No 39177

E-7751

Date: 5-2, 1990

From: Robert Odum Address: 1883 Fairbank Dr., St 92111

In Twenty-seven Dollars (\$ 27.00) Payment of Pre-need Trust

Lot 43 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7751
 BALANCE DUE _____

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	29 W
Sales Tax	60303	
	9022	
	60101	
	76390	
TOTAL PAID	\$	29 W

1248

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E-7751
 NO 39293

Date: 6-1, 19 90

From: Robert Olson Address: 1103 Leimbeck Rd, St 92111

In Twenty-Nine Dollars (\$ 29⁰⁰) Payment of Pre-Need Trust

Lot 43 Grave 8 Row _____ Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. 5-11-90

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

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

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	<u>29⁰⁰</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>29⁰⁰</u>

CITY AUDITOR
JUN 8 1990

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39426

Date: 7-2, 1990

From: Robert Nelson Address: 1583 Lumberport Way, SA 92116

In Twenty Nine Dollars (\$ 29.00)
 Payment of Lot & Pre-Need Trust

Lot 43 Grave 8 Row _____ Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. F-4451

BALANCE DUE _____

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

AC-212 (Rev. 10-87)

1268

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	100	
Burial Containers	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	63033	
	9022	<u>29.00</u>
TOTAL PAID	80101	
	78390	<u>29.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39559

Date: Aug 3, 1990

From: Robert Nelson Address: 1873-Larkwood, S.E. 92111

In Twenty Seven Dollars (\$ 27.00)

Payment of Pre-Need Trust

Lot 43 Grave 9 Row _____ Section 1 Division Block 11

Invoice No _____

Acct. No _____

W.O. E-97751

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1280

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

ISSUED BY fruits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>29.00</u>
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>29.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39772

Date: 10-3-1940

From: Robert & Henry Dixon Address: 1882 Hillbrook Dr San Diego 92111

FIFTY EIGHT AND 00/100 Dollars (\$ 58.00)

In _____ Payment of PRE-NEED TRUST

Lot 43 Grave 8 Row — Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7751

BALANCE DUE _____

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

AC-212 (Rev. 10-67)

#1302

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

ISSUED BY Robert Dixon

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77162	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>58.00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>58.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 39881

Date: 10-30, 1990

From: Robert Adams Address: 1883 Leeward Ave, La Jolla

Forty-Four Dollars (\$ 44 37)

In _____ Payment of Pre-need Trust

Lot 43 Grave 7 Row _____ Section 1 Division Block 11

Invoice No _____

Acct. No _____

W.O. E-7751

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-67)

1308

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100		
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033	<u>44</u>	<u>37</u>
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>44</u>	<u>37</u>

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7751

Preneed Trust

Robert or Henry Odom
1883 Lenbrook Drive
San Diego, Ca 92111

Month and Day Due Indicated Below

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

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



\$ 29.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 30.00

NAME Robert Odom Amount Received \$ 30.00
 ADDRESS 1883 Lenbrook Dr
 CITY San Diego STATE Ca ZIP 92111

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7751

Preneed Trust

Robert or Henry Odom
1883 Lenbrook Drive
San Diego, Ca 92111

Month and Day Due Indicated Below

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

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



\$ 29.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 30.00

NAME Robert Odom Amount Received \$ _____

ADDRESS 1883 Lenbrook Dr

CITY San Diego STATE Ca ZIP 92111

check () if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7751

Preneed Trust

**Robert or Henry Odom
1882 Lenbrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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

▶ \$ 29.00

Amount due if paid more than ~~10~~ days
after due date above.

▶ \$ 1.00

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7751

Preneed Trust

Robert or Henry Odom
 1883 Lenbrook Drive
 San Diegg, Ca 92111

Month and Day Due Indicated Below

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

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

▶ \$ 29.00

Amount due if paid more than 10 days
 after due date above.

▶ \$ 1.00

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7751

Preneed Trust

**Robert or Henry Odom
1882 Lenbrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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



\$ 29.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

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

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7751

Preneed Trust

**Robert or Henry Odom
1883 Lenbrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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

\$ 29.00

Amount due if paid more than **10** days
after due date above.

\$ 1.00

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7751

Preneed Trust

**Robert or Henry Odom
1883 Lenbrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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

▶ \$ **29.00**

Amount due if paid more than **10** days
after due date above.

▶ \$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7751**

Pressed Trust

**Robert or Henry Odom
1882 Lenbrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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



\$ **29.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$

Amount Received

\$ **29.-**

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7751**

Pruned Trust

**Robert or Henry Odom
1883 Lenbrook Drive
San Diego, Ca - 92121**

Month and Day Due Indicated Below

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

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



29.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7751


Pruned Trust

**Robert or Henry Odom
1882 Lenbrook Drive
San Diego, Ca 92111**


Month and Day Due Indicated Below

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

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

 \$ **29.00** _____

Amount due if paid more than **10** days
after due date above.

 \$ **1.00** _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

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

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7751**

Freese Trust

**Robert or Henry Odom
1883 Lenbrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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



29.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7751

Fronted Trust

**Robert or Henry Odom,
1883 Lenbrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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



29.00

\$ _____

Amount due if paid more than **10** days
after due date above:



1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

2-7751

Pressed Trust

**Robert or Henry Odom
1883 Lenbrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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



29.00

\$ _____

Amount due if paid more than 10 days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7751**

Preneed Trust

**Robert or Henry Odom
1833 Lenbrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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



\$ **29.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

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

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

2-7751

Pruned Trust

**Robert or Henry Odom
1883 Lenbrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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



29.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7751**

Pressed Trust

**Robert or Henry Odom
1833 Lenbrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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



29.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7751**

Preneed Trust

**Robert or Henry Odon
1883 Lenbrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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

29.00
\$ _____

Amount due if paid more than **10** days
after due date above.

1.00
\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each installment

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

B-7751

Freemad Trust

**Robert or Henry Oden
1852 Leabrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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



29.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7751

Pressed Trust

**Robert or Henry Odon
1883 Lambrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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



29.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check () if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7751**

Freedom Trust

**Robert or Henry Odem
1883 Leabrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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



29.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON 22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

W-7751

Freemad Trust

**Robert or Henry Oden
1883 Leabrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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

▶ \$ 29.00

Amount due if paid more than **10** days
after due date above.

▶ \$ 1.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance.

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7751**

Pressed Trust

**Robert or Henry Odom
1883 Lenbrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

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

▶ \$ **29.00**

Amount due if paid more than **10** days
after due date above.

▶ \$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

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

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7751

Pruned Trust

**Robert or Henry Odom
1883 Lenbrook Drive
San Diego, Ca 92111**

Month and Day Due Indicated Below

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

Amount due when paid on or before
due date above

▶ \$ 44.37

Amount due if paid more than **10** days
after due date above

▶ \$ 1.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

E 7751



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

No 11801

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Robert or Henry Odom for the sum of \$ 165.00 (DOLLARS)

LEGAL DESCRIPTION Lot 43; grave 8; section 1; division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER D-5001

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Size Marker is 12" X 24", Flat Marker Only

Wendy Jo League
Cemetery Manager

Shea Sullivan
Property Director

E 7751

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Interment

Date 11-15-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Adam or Henry Adam

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

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

Lot 43 Grave 8 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	_____
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>320.00</u>
Burial Container	<u>175.00</u>
Handling Fees	<u>170.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>35.00</u>
Sales taxes	<u>11.39</u>
Total Due	<u>711.39</u>

23 @ \$29
1 @ 44.37

Paid receipt number _____
Balance due _____

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

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

Signature of recorded holder of deed

Robert Adam
Signature
183 S. Brook St
Address
San Diego, CA 92111
City
279-0439
Telephone Zip Code

Work Order # E 7751
FY-593 (REV. 5-86)

Invoice # _____
Acct. # _____

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 15 day of November, 1988, between Robert Olson, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 43, Grave 8, Row , Section 1, ~~Block~~ Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$711.37, payable as follows: \$711.37 cash herewith, the receipt of which is hereby acknowledged; \$29.00 on the 10 day of December, 1988; and the balance in installments of \$29.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE- STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE- STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

WITNESS our hands this day and year above written.

Deed to be issued to:

Robert or Henry, Adam
Name

1883 Lenbrook Dr.
Address

San Diego, CA 92111

PURCHASER

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Andrea L. Wood

E 7751

THE CITY OF SAN DIEGO

DP 3760713 ✓

REQUEST FOR DIRECT PAYMENT

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

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

Refund of trust for Robert Odom

43-8-1-11

E-7751

ENCUMBRANCE DOCUMENT NUMBER

COMPLETE

RESPONSIBLE DEPT. NO.: 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

Refund

PAYMENT DATE 11 / 14 / 95 FUND OVERRIDE

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYEE	SEQ	PAYEE FORMAT	VENDOR NUMBER & ALPHA NAME ADDRESS CITY - STATE - ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAYMENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
1	A B C		Robert Odom 208 LaSalle Dr. Clovis NM 88101	Refund		4		\$713.37		

paid 11-14-95
Kutby

5 / TOTAL AMOUNT \$ 713.37

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
		63033	072		9022		TRUST			713.37

AUTHORITY FOR PAYMENT

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

JoAnn Waits
DEPT. HEAD OR DESIGNEE
PURCHASING APPROVAL

AGENT
AUDITOR APPROVAL

PREPARED BY Jane Rauch PHONE 527-3400

DATE 11-6-95

DEPT./ DIV. NAME R.E.A.D./

Mt. Hope Cemetery# 72

DP 3760713

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Prepaid

Date 11-15-88

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

of Evelyn Hamilton

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

Church, Chapel, Graveside _____; _____ Mortuary.

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

Lot 59 Grave 3 Row _____ Section 1 Division/Block 11

Grave space & Care Fund		<u>495.00</u>
Additional spaces and care fund		
Opening/Closing & Setup	<u>2 @ 320.00</u>	<u>640.00</u>
Burial Container		<u>330.00</u>
Handling Fees		<u>320.00</u>
Flower vases - Marker setting fee		
Recording and filing fee	<u>2 @ 35.00</u>	<u>70.00</u>
Sales taxes		<u>21.45</u>
	Total Due	<u>1876.45</u>

Paid receipt number _____

Balance due _____

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

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

Evelyn A. Hamilton
Signature _____

Signature of recorded holder of deed _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7752

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 40089

Date: 12-20, 1990

From: Evelyn Hamilton Address: 7750 Madison Ave Lemon Grove

Parent's grave ⁴⁵/₁₀₀ Dollars (\$) 77.45

In _____ Payment of Lot & Trust

Lot 509 Grave 3 Row _____ Section 1 Division 1
 Block 1

Invoice No _____

Acct. No _____

W.O. E-7752

BALANCE DUE Q

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 1089

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

ISSUED BY J. Ferguson

CREDIT	67007	<u>77.</u>	<u>45</u>
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>77</u>	<u>45</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

CITY AUDITOR

112 39247

MAY 29 1990

Date: 5-17, 1990

From: Emily Hernandez Address: 1550 Madison, San Diego, Calif

In Twenty Eight Dollars (\$ 28.00)

Payment of Credit for Pre-Need Trust

Lot 59 Grave 3 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 6-7752

BALANCE DUE _____

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

AC-212 (Rev. 10-87)

983

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

ISSUED BY Jean

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>78.00</u>
	8022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>78.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR

NO 39141

APR 23 1990

Date: 4-19, 1990

From: Enoch Hernandez Address: 7530 Wade in Carey, Lower Div, Ch.

Security Eight Dollars (\$ 78.00)

In Payment of Pre-Need Trust - Creditor Lot

Lot 59 Grave 3 Row _____ Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-11152

BALANCE DUE _____

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

AG-212 (Rev. 10-87)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	83033	<u>78.00</u>
9022		
Sales Tax	80101	
76390		
TOTAL PAID	\$	<u>78.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
MAR 20 1990

NO 39015

Date: 3-16, 1990

From: Evelyn Harrison Address: 7520 Madison, Lemon Grove 92045

In Security Exp't Dollars (\$ 78.00)

In Pre-need Trust Payment of

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-11152

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

825

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

ISSUED BY J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u> 78.00 </u>
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u> 78.00 </u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

NO 38847

Date: 2-5, 19 90

From: Evelyn Hamilton Address: 4550 Watson Ave, San Diego 92145

Security Eight Dollars Dollars (\$ 78.00)

In Payment of Pre-Need Lot + Trust

Lot 59 Grave 3 Row _____ Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-4452

BALANCE DUE 8783.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

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

ISSUED BY J. Lee White

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	83033	<u>78.00</u>
Sales Tax	80101	
TOTAL PAID	78390	<u>78.00</u>

AUDITOR
FEB 12 1990

1987

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 38760

From: Walter Hamilton Address: 7550 Alhambra Ave, L.B.
Probert - Apt 101100 Dollars \$ 78.00
 In Payment of Receipt 13, Trust
 Lot 59 Grave 3 Row _____ Section 1 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-17752
 BALANCE DUE 861.45

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

CITY AUDITOR

JAN 16 1990

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
77182	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>178.00</u>
9022		
Sales Tax	60101	
78380		
TOTAL PAID	\$	<u>76.00</u>

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

763

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 38706

Date: 12-26, 1989

From: William A. Hamilton Address: 7550 Madison Ave 26

Seneca - new not in Dollars (\$) 79.00
 In _____ Payment of Pre-need Trust Coupon 12

Lot 59 Grave 3 Row _____ Section 1 Division 11
 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7752
 BALANCE DUE 938.45

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77194	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>79.00</u>
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>79.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 746

CITY AUDITOR
 JAN 02 1990

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 38597

Date: 11-24, 1989

From: Pauline A. Hammett 7550 Madison Ave, San Diego Address: _____

In _____ Dollars (\$ 79.00)

Payment of Pre-need Trust

Lot 59 Grave 3 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7752

BALANCE DUE 1017.45

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

AC-212 (Rev. 10-87)

717

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

ISSUED BY Andrea Ward

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>79.00</u>
Sales Tax	9022	
TOTAL PAID	60101	<u>79.00</u>
	78390	

CITY AUDITOR

DEC 04 1989

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 38055

Date: 10 13, 1989

From: Lucy A. Hamilton Address: 7550 Madison Ave, Laguna Hills

Property - credit 2/1/89 Dollars (\$ 78.00)

In Payment of August 10 Credit Amt

Lot 59 Grave 3 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7752

BALANCE DUE 1096.45

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

AC-212 (Rev. 10-87)

0682

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

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>78.00</u>
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>78.00</u>

CITY AUDITOR
 OCT 24 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37907

Date: 9-8, 1989

From: Rocky & Shmelter Address: 7550 Madison Ave, Lemon Grove

Twenty-eight and no/100 Dollars (\$ 28.00)

In Payment of Pre-need Trust

Lot 59 Grave 3 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7752

BALANCE DUE 1174.45

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

AC-212 (Rev. 10-87)

0651

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

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>178.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
TOTAL PAID	80101	<u>178.00</u>
	78390	

CITY AUDITOR
SEP 18 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

NO 38440

Date: 8-21, 1989

From: Richard W. Christensen Address: 7500 Madrona Way, LA

In Seventy nine Dollars (\$ 79.00) See
 Payment of Wagon & Credit

Lot 59 Grave 3 Row _____ Section 1 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-7752
 BALANCE DUE 1252.45

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

AC-212 (Rev. 10-87)

0641

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

CITY AUDITOR
AUG 28 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>79.00</u>
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>79.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

№ 38305

Date: July 19, 1989

From: Evelyn Hamilton Address: 7550 madison Ave San Diego

In 5 Payment of Seventy-eight ¹¹⁰⁰ - Dollars \$ 78.00
Coupon & Lot & Trust

Lot 59 Grave 3 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7752

BALANCE DUE \$ 1330.45

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

0616

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

CITY AUDITOR
JUL 24 1989

ISSUED BY Shirley C. Crain

CREDIT	67007	
20% Sales Care	77184	<u>27 00</u>
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	<u>51 00</u>
	9022	
	80101	
	76390	
TOTAL PAID	\$	<u>78 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 38152

Date: 6-12 19 89

From: Wesley Hamilton Address: 7530 Madison Ave 2G

In Payment of Balance - credit roll Dollars (\$) 78.00
Charge to Credit Lot

Lot 59 Grave 2 Row _____ Section 1 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-1752
 BALANCE DUE 1408.45

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

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

CREDIT	67007	
20% Sales Care	77184	<u>72.00</u>
80% Sales of Lots	100	<u>6.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>78.00</u>

CITY AUDITOR
 JUN 15 1989

ISSUED BY [Signature]
0594

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 37804

Date: 5-10-, 1989

From: EVELYN A. HAMILTON Address: 7550 MADISON AVE, LEMON GROVE 92045

SEVENTY-EIGHT DOLLARS AND ^{xx}/₁₀₀ Dollars (\$ 7.8.00)

In part Payment of Lot and Trust

Lot 59 Grave 3 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E7752

BALANCE DUE 1986.45

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

AC-212 (Rev. 10-87)

#0561

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

ISSUED BY

W.J. Teague

CREDIT	57007
20% Sales Cars	77184
80% Sales of Lots	100
Opening/Closing	77181
Burial Containers	100
	77182
	100
Handling Fee	77185
Recording & Misc. Fees	100
	77183
Pre-Need Trust	63033
	9022
Sales Tax	60101
	78380

TOTAL PAID

\$

78.00

CITY AUDITOR

MAY 12 1989

78.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

CITY AUDITOR

No 37602

APR 07 1989

From: Weldon Thumler Address: 7550 Madison Ave, SD Date: 4-4 19 89
seventy-eight 70/10 Dollars 78.00
 In Payment of Coupon 4 (credit)

Lot 59 Grave 3 Row _____ Section 1 Division 11 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. 2-7752
 BALANCE DUE 1564.00

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

ISSUED BY Sandra Ward

CREDIT	62007	
20% Sales Cash	77184	
80% Sales of Lots	100	<u>78 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	83033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>78 00</u>

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

AC-212 (Rev. 10-87) 0526

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

NO 37472

From: Dwight C. Hamilton Address: 7550 Modesto Ave San Diego Date: 3-7, 1989
Property - credit
 In _____ Payment of _____ Dollars (\$ 78.00)
Cooper 3 Credit

Lot 59 Grave 3 Row _____ Section 1 Division 11
 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7752
 BALANCE DUE 1642.45

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

AC-212 (Rev. 10-57)

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

CITY AUDITOR

MAR 10 1989

ISSUED BY Jordan Ward

CREDIT	67007	
25% Sales Care	77184	
80% Sales of Lots	100	<u>78.00</u>
Opening/Closing	77181	
Burial Containers	100	
77182	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	80303	
	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>78.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 37310

Date: 2-6, 1989

From: Charles Hamilton Address: 7550 Madison Ave, Torrance, Calif

seventy-eight Dollars (\$ 78.00)

In Payment of coupon 2 credit lot

Lot 59 Grave 3 Row _____ Section 1 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-1-17752
 BALANCE DUE 1720.45

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

AC-212 (Rev. 10-87)

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

CITY AUDITOR
FEB 10 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>78.00</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	80101	
78300		
TOTAL PAID	\$	<u>78.00</u>

485

OFFICIAL RECEIPT

No 37159



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

From: Walter Hamilton Address: 7550 Madras Ave SD Date: 1-4 1989

In Payment of Seventy - credit 10/10 Dollars (\$ 70.00)
Trust Credit for 1st & 2nd

Lot 59 Grave 3 Row _____ Section 1 Division Block 11

Invoice No _____

Acct. No _____

W.O. E-17752

BALANCE DUE 1798.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

402

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

CITY AUDITOR
JAN 09 1989

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>70.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>70.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39937

Date: 11-13, 1990

From: Carolina Hummel Address: 2550 17th Ave. San Diego, CA 92104

Seventy-eight dollars & 00/100 Dollars (\$ 78.00)

In part Payment of Pre-need trust

Lot 59 Grave 3 Row --- Section 1 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7752
 BALANCE DUE 157.45

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

ISSUED BY Mara Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
	77183	
Pre-Need Trust	63033	<u>78.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>78.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 1051

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39838

Date: 11-16, 1990

From: HAMILTON EVELYN A. Address: 7550 MADISON AVE. LEMON GROVE (A 92045)

SEVENTY EIGHT AND 00/100 Dollars (\$ 78⁰⁰)

In _____ Payment of LOT 3 TRUST

Lot 59 Grave 3 Row --- Section 1 Division Block 11

Invoice No _____

Acct. No _____

W.O. E-7752

BALANCE DUE _____

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

AC-212 (Rev. 10-87) #1027

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>78⁰⁰</u>
Opening/Closing	77181	
Bursal Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>78⁰⁰</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 39727

Date: 9-17, 1990

From: EVELYN HAMILTON Address: 7550 MADISON AVE JAMAICA GARDEN CA 92045

SEVENTY EIGHT AND 00/100 Dollars (\$ 78.00)

In _____ Payment of PRE-NEED LOT & TRUST

Lot 57 Grave 3 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7752

BALANCE DUE _____

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

AC-212 (Rev. 10-87) #1007

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>78.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>78.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39587

Date: 8-8, 1990

From: Hamilton, Evelyn B. Address: 7550 Madison Ave. San Diego, CA 92121
Eighty five and 00/100 Dollars (\$ 75.00)

In _____ Payment of Lot 3 Charge

Lot 59 Grave 3 Row _____ Section 1 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7752
 BALANCE DUE _____

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>75.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>75.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 AC-212 (Rev. 10-87) # 0975

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39549

Date: Aug 3, 19 90

From: Elizabeth Hamilton Address: 1550 Marlborough, San Diego

Security Trust Dollars (\$ 79.00)

In Payment of Under Trust & Pre-Paid Trust

Lot 59 Grave 3 Row _____ Section 1 Division Block 11

Invoice No _____

Acct. No _____

W.O. E-7752

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

0961

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/ Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>79.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>79.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39414

Date: 6-29, 1990

From: Early Hamilton Address: 9550 Madison Ave

In Security - 7/10/90 Dollars (\$ 799)

In Payment of Pre-Need Trust & Fee

Lot 29 Grave 3 Row _____ Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-11152

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

0925

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>79</u>
Sales Tax	60101	<u>W</u>
TOTAL PAID	\$	<u>799</u>

CITY AUDITOR

JUN 30 1990

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7752

Lot & Trust

Evelyn Hamilton
7550 Madison Avenue
San Diego, Ca 92045

Month and Day Due Indicated Below

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

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

▶ \$ 78.00

Amount due if paid more than 10 days
after due date above:

▶ \$ 1.00

\$ 79.00

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7752

Lot & Trust

Evelyn Hamilton
7550 Madison Avenue
San Diego, Ca 92045

Month and Day Due Indicated Below

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

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

▶ \$ 78.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ 79.00

Amount Received \$ _____

NAME

ADDRESS

CITY STATE ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON **3**

DO NOT MAIL ENTIRE BOOK
ACCOUNT No. **E-7752**

Lot & Trust

Evelyn Hamilton
7550 Madison Avenue
San Diego, Ca 92045

Month and Day Due Indicated Below

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

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

\$ 78.00

Amount due if paid more than 10 days
after due date above.

\$ 1.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

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

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7752

Lot & Trust

Evelyn Hamilton
7550 Madison Avenue

San Diego, Ca 92045

Month and Day Due Indicated Below

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

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

▶ \$ 78.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ _____

Amount Received \$ _____

NAME EVELYN HAMILTON

ADDRESS 7550 MADISON

CITY L. G. STATE Ca ZIP 92045

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7752**

Lot & Trust

Evelyn Hamilton

7550 Madison Avenue

San Diego, Ca 92045

LEMON GROVE

Month and Day Due Indicated Below

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

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



\$ **78.00**

Amount due if paid more than 10 days
after due date above.



\$ **1.00**

\$ _____

Amount Received

\$ **78.00**

NAME _____

ADDRESS

7550 MADISON

CITY **LEMON GROVE** STATE **CA** ZIP **92045**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7752

Lot & Trust

Evelyn Hamilton

7550 Madison Avenue

San Diego, Ca 92045

Month and Day Due indicated Below

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

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

▶ \$ **78.00**

Amount due if paid more than 10 days
after due date above.

▶ \$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS

7550 Madison

CITY **LEMON GROVE** ESTATE

ZIP **92045**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7752

Lot & Trust

Evelyn Hamilton
7550 Madison Avenue
San Diego, Ca 92045

Month and Day Due Indicated Below

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

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



\$ **78.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

7550 Madison Av
Lemon Grove STATE **Ca** ZIP **92045**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

K-7752

Lot & Trust

Evelyn Hamilton
7550 Madison Avenue

~~SAN DIEGO, CA 92045~~

Month and Day Due Indicated Below

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

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



78.00

\$ _____

Amount due if paid more than 10 days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

7550 Madison Av.

Lemon Grove State Cr ZIP 92045

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7752**

Lot & Trust

Evelyn Hamilton
7550 Madison Avenue
San Diego, Ca 92045

L. G.

Month and Day Due Indicated Below

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

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



78.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS

7550 Madison

CITY

Lemon Grove

STATE

Ca

ZIP *92045*

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7752

Lot & Trust

Evelyn Hamilton
7550 Madison Avenue
San Diego, Ca 92045

LEMON GROVE

Month and Day Due Indicated Below

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

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



78.00

\$ _____

Amount due if paid more than 10 days
after due date above.



1.00

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring any coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

8-7752

Lot & Trust

Evelyn Hamilton

7550 Madison Avenue

San Diego, Ca 92045

LEMON GROVE

Month and Day Due Indicated Below

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

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



78.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ **79 -**

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7752

Lot & Trust

Evelyn Hamilton

7550 Madison Avenue

San Diego, Ca 92045

Month and Day Due Indicated Below

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

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



78.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS

7550 Madison N

CITY

Lemon Grove

STATE

Ca

ZIP

92045

check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK
ACCOUNT No. **2-7732**

LOS & TRUST

Evelyn Hamilton
7550 Madison Avenue
San Diego, Ca 92045
LEMON GROVE

Month and Day Due Indicated Below

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

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

78.00
\$ _____

Amount due if paid more than **10** days
after due date above.

1.00
\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7752

Lot & Trust

Evelyn Hamilton

7550 Madison Avenue

San Diego, Ca 92045

Month and Day Due Indicated Below

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

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



78.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

7550 MADISON AV

CITY **LEMON GROVE** STATE **Ca** ZIP **92045**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

L-7752

Lot & Trust

Evelyn Hamilton
7550 Madison Avenue
San Diego, Ca 92045

L. G.

Month and Day Due Indicated Below

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

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



78.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ **78** -

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7752

Lot & Trust

Evelyn Hamilton
7550 Madison Avenue
San Diego, Ca. 92045

Month and Day Due Indicated Below

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

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

78.00
\$ _____

Amount due if paid more than **10** days
after due date above.

1.00
\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **2-7732**

Lot & Trust

Evelyn Hamilton
7550 Madison Avenue
San Diego, Ca 92045
LEMON GROVE

Month and Day Due Indicated Below

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

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



78.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ 78

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7752

Lot & Trust

**Evelyn Hamilton
7550 Madison Avenue
San Diego, Ca 92045**

Month and Day Due Indicated Below

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

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



78.00

\$

Amount due if paid more than **10** days
after due date above.



1.00

\$

\$

79 -

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **2-7736**

LOG - TRUST

Evelyn Hamilton
7550 Madison Avenue
San Diego, Ca 92045

LEMON GROVE,

Month and Day Due Indicated Below

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

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



78.00

\$

Amount due if paid more than **10** days
after due date above.



1.00

\$

\$ 79-

Amount Received \$

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7752

Lot & Trust

Evelyn Hamilton
7530 Madison Avenue
San Diego, Ca 92045

L. G. Month and Day Due Indicated Below

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

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

78.00

\$ _____

Amount due if paid more than **10** days
after due date above.

1.00

\$ _____

\$ _____

Amount Received

\$ 78 _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance.

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

271732

LOT & TRUST

Evelyn Hamilton
7550 Madison Avenue
San Diego, Ca 92045

LEMON GROVE

Month and Day Due Indicated Below

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

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



78.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

K-7752

Lot & Trust

**Evelyn Hamilton
7550 Madison Avenue
San Diego, Ca 92045**

Month and Day Due Indicated Below

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

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

78.00

\$

Amount due if paid more than **10** days
after due date above.

1.00

\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring gas coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

6-1136

LEW & TRUST

Evelyn Hamilton

7550 Madison Avenue

San Diego, Ca 92045

LEMON GROVE

Month and Day Due Indicated Below

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

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



78.00

\$

Amount due if paid more than 10 days
after due date above.



1.00

\$

\$

Amount Received

\$

78-

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7752

Lot & Trust

Evelyn Hamilton
7550 Madison Avenue
San Diego, Ca 92045

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
10									77.45		

Amount due when paid on or before
due date always



\$ 82.45

Amount due if paid more than 10 days
after due date always



\$ 1.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

EVELYN A. HAMILTON
HUBERT HAMILTON
7550 MADISON AVE.
LEMON GROVE, CA 92045

0641

PAY TO THE
ORDER OF

Aug 18 19 89
Mt Hope Cemetery

16-40
1220

\$ 79 -

10/16/89 11:14 AM

Seventy-nine and no/100 DOLLARS

Union Bank
Union Bank

San Diego Main Office
1284 Fifth Avenue
San Diego, CA 92101

FOR

Acct # E 7752

Evelyn A. Hamilton

⑆ 122000496⑆0011197845⑆

0641

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-16-88

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

of Elis Blas

in a _____ Funeral, date, time Thurs 11/17/88

Church, Chapel, Graveside Grove; Berge-Robert Mortuary.

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

✓ Lot 3/52 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund

Opening/Closing & Setup 64.00

Burial Container none

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes

Total Due 199.00

Paid receipt number 36974 199.00

Balance due 0

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

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

Signature of recorded holder of deed _____

Pauline Blas
Signature

2919 Bailey Ave
Address

Calif 92105
State Zip Code

262-5948
Telephone

Work Order # E 7753

PY-583 (REV. 8-85)

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7753

Stillborn

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT ELIAS		SEX Male	DATE OF BIRTH Nov. 12, 1988	DATE OF DEATH 4Mo. Nov. 12, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Mr. & Mrs. Vincent & Pauline Blas- 2919 Baily Avenue San Diego, CA 92105	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) BERGE-ROBERTS MORTUARY National City, CA		607 National City Blvd. CALIFORNIA LICENSE NUMBER F-284		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St., San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED N/A
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A 2-0 flat top - wooden no fence	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DATE PERMIT ISSUED NOV 17 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Powers M.D. D.B.
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/17/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Leoyul Lee	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

No 36974



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

From: Hubert Doss Address: 2919 Lailey Ave, SD Date: 11-16, 1988
no marked sent - since no/100 Dollars (\$) 199.00
 In Payment of Elvis Doss

CITY AUDITOR

Lot 3152 Grave _____ Row _____ Section _____ Division 9
 Block NOV 25 1988

Invoice No. _____
 Acct. No. _____
 W.O. E-7753
 BALANCE DUE 8

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

CREDIT	67007	
20% Sales Care	77184	<u>20 00</u>
80% Sales of Lots	100	<u>80 00</u>
Opening/Closing	100	<u>64 00</u>
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	<u>25 00</u>
77183		
Pre-Need Trust	63033	
8022		
Sales Tax	80101	
78380		
TOTAL PAID	\$	<u>199 00</u>

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

1486

ISSUED BY Andrea Reed

MT. HOPE CEMETERY
INTERMENT CENTER

City of San Diego

Date 11-16-88

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

of Walter Lowrey
 in a T.S. Vault Funeral, date, time Fri 11/18 Noon
Vault/Linear
 Church, Chapel, Graveside Shoreside : Featherhill Mortuary.

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

Lot 21 Grave 3 Row _____ Section 6 Division/Block 1

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 120.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 11.37

Total Due 711.37

Paid receipt number 36983 711.37

Balance due 0

*Ordered by
 Featherhill*

BROTHER,
Walter Lowrey

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

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Walter Lowrey
 Signature
958 Dolphin Ct
 Address
Jupiter, Fl. 33458
 State
407-746-7132 Zip Code
 Telephone

Work Order # E 7754

Invoice # _____

Acct. # _____

F 7754

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT RUTH B. LOWRY		SEX Female	DATE OF BIRTH July 17, 1902	DATE OF DEATH Nov. 11, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Kenneth Orr, Brother		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON IN CHARGE) Featheringill Mort. 6322 El Cajon Bl.		CALIFORNIA LICENSE NUMBER 1083	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 3642 Arizona St. San Diego, CA 92104	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cem, 3751 Market, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED 11/18/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Cloth covered wooden casket</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a T.S. Vault		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 16 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/18/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Royal</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY:	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D.M.M.</i>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
254-3151

No 36983

Date: 11-18, 1988

From: Walter B. Jr Address: P.O. Box 587, Lake Wirth, A-33460

seven hundred eleven 37/100 Dollars (\$ 711.37)

In Payment of Ruth Lawrence's Interment

Lot 21 Grave 3 Row _____ Section 6 Division 104

Invoice No. _____

Acct. No. _____

W.O. 2-7754

BALANCE DUE 6

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>320.00</u>
Burial Containers	100	<u>175.00</u>
Handling Fee	77185	<u>170.00</u>
Recording & Misc. Fees	77183	<u>35.00</u>
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	<u>11.37</u>
	78280	
TOTAL PAID	\$	<u>711.37</u>

CITY AUDITOR

NOV 5 1988

0121

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-16-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Stephanie Rose Marques

in a Vault/Liner Funeral, date, time Fri 11-18 11:00

Church, Chapel, Graveside Deliver ; San Diego Beach 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 Bob

Lot 156 Grave 2^{TOP} Row Section 1 Division/12

Grave space & Care Fund 55.00

Additional spaces and care fund

Opening/Closing & Setup 90.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145.00

Paid receipt number

Balance due

PA 1062168

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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

Account

Work Order # E 7755
PY-583 (REV. 8-88)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7755

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT STEPHANIE ROSE MARQUEZ		SEX FEMALE	DATE OF BIRTH SEPT. 2, 1937	DATE OF DEATH NOV. 11, 1988
PLACE OF DEATH—CITY OR TOWN SAN DIEGO.		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) SAN DIEGO	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT LEE JAMME—PUBLIC ADMINISTRATOR 5201-A RUFFIN RD. SAN DIEGO, CA 92123	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ISSUING THIS SUCH) PACIFIC BEACH MORTUARY— 4710 CASS ST. SAN DIEGO, CA 92109		CALIFORNIA LICENSE NUMBER 815		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY—3751 MARKET ST.—SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>(Signature)</i>
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Top of Double Depth - 20" under		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 16 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/18/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>(Signature)</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Walter Bell
in a Bell Service Vault/Liner Funeral date, time Mon 2 pm 11/21

Church, Chapel, Graveside Chapel & Home; Rossdale 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 28 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 250.00

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 6.50

Total Due 856.50

Paid receipt number 36990 856.50

Balance due 0

I hereby certify I am the BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Walter L Bell
Address 4968 ELMA ST
SAN DIEGO
State _____ Zip Code 92102
Telephone _____

Work Order # E 7756

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7756

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT WALTER BELL		SEX Male	DATE OF BIRTH May 8, 1934	DATE OF DEATH Found Nov. 15, 1988
PLACE OF DEATH—CITY OR TOWN Los Angeles	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Los Angeles	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Chester Lee Bell - Brother 4968 Elm Street San Diego, CA 92102		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, CA		CALIFORNIA LICENSE NUMBER F 1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Metal Sealers - 20 ga	DATE CREMATED 11/21/88
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY FOR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Bell liner	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT [Signature]
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/21/88 (ENTER DATE)	DATE PERMIT ISSUED NOV 21 1988
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH Los Angeles County Dept. of Health Services	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature]
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE 313 No. Figueroa St. Los Angeles, CA 90012

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 36990

From: Chester Bell Address: 4968 Elm Hunt, San Diego Date: 11-18 1988
eight hundred fifty six 50/100 Dollars (\$ 856.50)
 In _____ Payment of Walter Bell's Interment

CITY AUDITOR
 NOV 25 1988

Lot 98 Grave 3 Row _____ Section 2 Division 11
 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 8-7756
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007		
20% Sales Tax	77184	50	00
80% Sales	100	200	00
of Lots	77184		
Opening/ Closing	100	340	00
	77181		
Burial	100	100	00
Containers	77182		
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100	35	00
	77183		
Pre-Need Trust	80033		
	8022		
Pre-Need Sales Tax	60101	6	50
	78380		
TOTAL PAID	\$	856	50

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37807

From: Keith N. Bell Date: 5-11 1989
 Address: 4968 Elm Street, SP
one hundred twenty five Dollars (\$ 125.00)
 In _____ Payment of make installation for
Walter Bell
 Lot 98 Grave 3 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7756
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Andrea Wood

CREDIT	67007
20% Sales Com	77184
80% Sales of Lots	100
Opening/Closing	77184
Burial Containers	100
	77181
Handling Fee	100
	77182
Recording & Misc. Fees	100
	77185
Pre-Need Trust	100
	77183
Sales Tax	69033
	9022
TOTAL PAID	80101
	78390
	\$ <u>125.00</u>

CITY AUDITOR
 MAY 19 1989

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Deed George

Date 11-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Helen Marie Talley

in a _____ Vault/Urner Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 2 Grave 4 Row _____ Section 100F Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund Earl George

Opening/Closing & Setup To

Burial Container _____

Handling Fees Helen Marie Talley

Flower vases - Marker setting fee 220 Santa Anna, CA

Recording and filing fee _____ 35.00

Sales taxes _____

Total Due 35.00

Paid receipt number 36981 35.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7757

Invoice # _____

Acct. # _____

Mt. Hope Cemetery

The City of San Diego, California

DEED

For and In Consideration of the sum of One-hundred ^{no} /100 ----- Dollars, receipt whereof is hereby acknowledged, the City of San Diego, through its City Manager, hereby grants to

EARL GEORGE

El Cajon, Box 783

the following described property situate and being in Mt. Hope Cemetery in the City of San Diego, in the County of San Diego, State of California, more particularly described as follows:

Lot two (2) (four grave plot) Block seven (7) I.O.O.F. section

according to a map of said cemetery surveyed under the supervision of the
City Engineer, San Diego, California

filed in the office of the County Recorder of San Diego County on the ----- day of ----- 19-----, and recorded in Book ----- of Maps, Page -----; to be held for cemetery purposes, subject to the rules and regulations of the Cemetery Division of the Park Department now in force or hereafter to be adopted by said Cemetery Division or by the City Manager of the City of San Diego.

Said lot or parcel of land hereinabove described is granted with the express right in the grantee to perpetual care thereof by and at the expense of the Cemetery Division of The City of San Diego. It is expressly understood, however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, headstone, pavement, vault or other improvement of a like nature that is already, or may hereafter be erected or placed on said

lot or plat or parcel of land, but that the said Earl George and his representatives, executors, administrators, heirs and assigns shall at their own expense cause all such repairs to be made when needed and when requested to do so by the Park Director or the City Manager, as the case may be.

If no interment has been made in said lot or parcel of land then the grantee may resell the same subject to the rules and regulations of the Cemetery Division heretofore adopted and now in force, or subject to such rules and regulations which may hereafter be adopted by said Cemetery Division or the City Manager of The City of San Diego; such sales, however, shall be made only with the written consent of the City Manager or the Director of Parks, and upon a re-sale contrary to the provisions of this deed, or the rules and regulations hereinabove mentioned, said lot or parcel of land shall revert to the Cemetery Division of the Park Department of The City of San Diego.

If no interment has been made in said lot or parcel of land, then the same may be disposed of only pursuant to the provisions of the laws of the State of California, and the rules and regulations of the Cemetery Division of the Park Department of The City of San Diego.

In Witness Whereof, The City Manager of The City of San Diego has caused this deed to be executed by the Director of Parks of the said City, this 15th day of March 1944

THE CITY OF SAN DIEGO,

W. Allen Perry
Park Director.

STATE OF CALIFORNIA, }
County of San Diego, } ss.

On this 15th day of March 1944, before me

a Notary Public in and for said County, personally appeared W. Allen Perry known to me to be the Park Director of The City of San Diego, who acknowledged to me that he executed the same.

WITNESS my hand and official seal the day and year in this acknowledgment first above written.

George Kenline
Notary Public in and for the County of San Diego, State of California.
My Commission Expires Jan 16, 1946

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36981

Date: 11-17, 1988

From: Earl George Address: 2414 S. Rose, Santa Ana, CA

thirty-five no/100 Dollars (\$ 35.00)

In Payment of Deed transfer to Helen Marie

Sally

Lot 2 Grave 48 Row _____ Section JDF Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-7757

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1563

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Ardis Wood

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100	
Opening/Closing	100	
Burial	77184	
Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78360	
TOTAL PAID	\$	<u>35.00</u>

CITY AUDITOR
 NOV 25 1988

LICENSE AND CERTIFICATE OF CONFIDENTIAL MARRIAGE

5-30-002147
LOCAL REGISTRATION NUMBER

065859
LICENSE NUMBER

STATE FILE NUMBER

CLR HUSBAND PERSONAL DATA	1A. NAME OF HUSBAND—First (Given)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH—Month, Day, Year
	LARRIE	ELLSWORTH	FORTNEY	OCT 19, 1929
	3. STATE OF BIRTH	4. NUMBER OF PREVIOUS MARRIAGES	5A. LAST MARRIAGE ENDED BY	5B. DATE—Month, Day, Year
	ALASKA	2	<input checked="" type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT	APR 16, 1988
6A. USUAL OCCUPATION	6B. USUAL KIND OF BUSINESS OR INDUSTRY		7. EDUCATION—YEARS COMPLETED	
TEST TECHNICIAN	AIRCRAFT		12	
8A. FULL NAME OF FATHER	8B. STATE OF BIRTH	9A. FIRST MAIDEN NAME OF MOTHER	9B. STATE OF BIRTH	
ALAN FORTNEY	UNKNOWN	ALICE STONER	IDAHO	

WIFE PERSONAL DATA	10A. NAME OF WIFE—First (Given)	10B. MIDDLE	10C. CURRENT LAST (FAMILY)	10D. MAIDEN LAST (FAMILY) IF DIFFERENT THAN 10C.
	HELEN	MARIE	TALLEY	GEORGE
	11. DATE OF BIRTH—Month, Day, Year	12. STATE OF BIRTH	13. NUMBER OF PREVIOUS MARRIAGES	14A. LAST MARRIAGE ENDED BY
	OCT 29, 1937	OKLAHOMA	1	<input type="checkbox"/> DEATH <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT
15A. USUAL OCCUPATION	15B. USUAL KIND OF BUSINESS OR INDUSTRY		16. EDUCATION—YEARS COMPLETED	
SECRETARY	CONSTRUCTION		10	
17A. FULL NAME OF FATHER	17B. STATE OF BIRTH	18A. FIRST MAIDEN NAME OF MOTHER	18B. STATE OF BIRTH	
EARL H. GEORGE	TEXAS	CUBA M. HUDDLESTON	OKLAHOMA	

RESIDENCE OF HUSBAND AND WIFE	19A. RESIDENCE—Street and Number	19B. CITY	19C. ZIP CODE	19D. COUNTY—Outside California, Enter State
	220 LIDO DR	SANTA ANA	92703	ORANGE
20A. MAILING ADDRESS—If Different	20B. CITY	20C. ZIP CODE	20D. COUNTY—Outside California, Enter State	
1408 TEMPLE HEIGHTS DR	OCEANSIDE	92056	SAN DIEGO	

We the undersigned declare that we are an unmarried man and an unmarried woman, not minors, and have been living together as husband and wife and that the foregoing information is true and correct to the best of our knowledge and belief, that no legal objection to the marriage nor to the issuance of a license is known to us, and hereby apply for a License and Certificate of Confidential Marriage.

21. SIGNATURE OF HUSBAND: *Larrie E. Fortney*

22. SIGNATURE OF WIFE: *Marie Talley*

I the undersigned, empowered by the laws of the State of California, do hereby certify that the above-named parties to be married have personally appeared before me, proved to me on the basis of satisfactory evidence, have declared or affirmed that they meet all the requirements of the law, and the fees prescribed by law having been paid, do hereby authorize said parties to be married pursuant to Section 4213, Civil Code OR that this license was issued to the person performing the ceremony upon that person's presentation of an affidavit signed by the person and the parties to be married due to the inability of one or both of the parties to be married to physically appear. The affidavit explains the reason for inability to appear in accordance with Section 4213.1, Civil Code.

23A. SIGNATURE AND TITLE OF ISSUING CLERK	24A. AFFIX NOTARY SEAL (If Applicable)	24B. SUBSCRIBED AND SWORN TO BEFORE ME ON
<i>Cynthia R. Boyford</i> DEPUTY		MONTH DAY YEAR
23B. COUNTY OF ISSUE	23C. MAILING ADDRESS AND ZIP CODE	SIGNATURE OF NOTARY
ORANGE	211 W. SANTA ANA BLVD SANTA ANA, CA 92702	Typed Name of Notary
23D. ISSUE DATE—Month Day Year	23E. LICENSE EXPIRES AFTER—Month Day Year	
FEB 22, 1993	MAY 23, 1993	

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE	25. I hereby certify that the above named man and woman were joined by me in marriage in accordance with the laws of the State of California	25A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	25B. RELIGIOUS DENOMINATION OF CLERGY
	ON March Twentieth (20) 19 93	<i>Rev Daniel R. Kruse</i>	Non-Denominational
	AT San Juan Capistrano ORANGE CALIFORNIA	25C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT)	25D. OFFICIAL TITLE
	NOTE: THIS MARRIAGE MUST TAKE PLACE IN THE COUNTY IN WHICH THE LICENSE WAS ISSUED	Rev. Daniel R. Kruse	Minister
	25E. MAILING ADDRESS (Include City and State)	25F. ZIP CODE	
	10052 Merrimac Dr., Huntington Beach, CA 92646		

COUNTY CLERK	27A. SIGNATURE OF COUNTY CLERK	27B. SIGNATURE OF DEPUTY CLERK (If Applicable)	28. DATE ACCEPTED FOR REGISTRATION
	<i>GARY L. GRANVILLE</i>	<i>[Signature]</i>	APR 06 1993

MUST BE LEGIBLE/MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS. SEE REVERSE SIDE FOR FURTHER INSTRUCTIONS. VS 123 (7 90)

3218
BY *DEED* FOR HELEN MARIE TALLEY
JAN 29 2008

E 17757

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Robert A. Harrell

in a Cash Vault Funeral date, time Tues 11/22 3:00

Church, Chapel, Graveside Delway City Jewish Cemetery 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 Witness 2 others

Lot 114 Grave 9 Row _____ Section 7 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 2.60

Total Due 242.60

Paid receipt number 36988 242.60

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.

Robert A. Harrell, Jr.
Signature of recorded holder of deed

Robert A. Harrell, Jr.
Signature

718 Hamilton Lane
Address

Escondido, CA - 92027
State Zip Code

(619) 741-7097
Telephone

Work Order # E 7758

CV-883 (REV. 8-86)

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7758

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT ROBERT L. MARRELL SR	SEX male	DATE OF BIRTH July 23, 1891	DATE OF DEATH Nov 17, 1988
PLACE OF DEATH—CITY OR TOWN Poway	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Robert L. Marrell Jr - son 718 Hamilton Lane Escondido, CA 92025	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lewis Colonial/Banbough 3851 El Cajon Blvd. San Diego, CA 92104		CALIFORNIA LICENSE NUMBER F-480	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input checked="" type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10 DISPOSITION PENDING </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery - San Diego, CA....3751 Market St.	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED 3953 Imperial Ave. Cypress View Crematory - San Diego, CA	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a Top half - Unvault	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>	SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00 DATE PERMIT ISSUED NOV 18 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Powers #1147
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/22/88 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	n/a	

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY IF NOT APPLICABLE. COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36988

From: Robert S. Garrell Address: 718 Hamilton Ave, Escondido, CA
 Date: 11-18 1988
Two hundred forty = 100 60/100 Dollars (\$ 242.60)
 In Payment of Robert S. Garrell's Investment

Lot 119 Grave 9 Row 1 Section 2 Division NOV 25 1988 Block 25 AUDITOR

Invoice No. _____
 Acct. No. _____
 W.O. 2-7758
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY: [Signature]

CREDIT	87007	
20% Sales Cert	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>105 00</u>
Burial Containers	100	<u>40 00</u>
	77182	<u>60 00</u>
Handling Fee	100	<u>35 00</u>
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>2 60</u>
	78390	
TOTAL PAID	\$	<u>242 60</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 717

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/17/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Keith E. Hatter

in a Double Crypt Funeral, date, time Nov. 14/21 2:00

Church, Chapel, Graveside Magel ~~La Mesa~~ Feathermill 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, Delivery Only

Lot 1067 Grave _____ Row _____ Section -1- Division/Block 8

Grave space & Care Fund For Double Crypt 595.00

Additional spaces and care fund Top Crypt - _____

Opening/Closing & Setup 320.00*

Burial Container Concrete Double Crypt 330.00

Handling Fees Labor 320.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00*

Sales taxes 21.45

Total Due 1621.45

Paid receipt number 36987 1621.45

Balance due 0

I hereby certify I am the myself & Widow of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed _____

Signature x Gota Hatter

x 9260 Colondrina

Address x La Mesa

State _____ Zip Code _____

Telephone x Calif 92091

1469-6325

Invoice # _____

Acct. # _____

Work Order # E 7759

PR-593 (REV. 8-85)

Army of the United States



SEPARATION QUALIFICATION RECORD

SAVE THIS FORM. IT WILL NOT BE REPLACED IF LOST

This record of job assignments and special training received in the Army is furnished to the soldier when he leaves the service. In its preparation, information is taken from available Army records and supplemented by personal interview. The information about civilian education and work experience is based on the individual's own statements. The veteran may present this document to former employers, prospective employers, representatives of schools or colleges, or use it in any other way that may prove beneficial to him.

1. LAST NAME—FIRST NAME—MIDDLE INITIAL Hatter, Keith E.			MILITARY OCCUPATIONAL ASSIGNMENTS		
2. ARMY SERIAL NO. 39 756 987	3. GRADE Sgt	4. SOCIAL SECURITY NO. 338-01-3644	10. MONTHS	11. GRADE	12. MILITARY OCCUPATIONAL SPECIALTY
5. PERMANENT MAILING ADDRESS (Street, City, County, State) 1333 7th Ave. San Diego, Calif.			5	Sgt	Investigator 301
6. DATE OF ENTRY INTO ACTIVE SERVICE 25 Jul 45			8	Sgt	Finance Typing Clerk 623
7. DATE OF SEPARATION 13 Dec 46					
8. DATE OF BIRTH 27 Mar 13					
9. PLACE OF SEPARATION AAF Separation Center Bolling Field, D.C.					

SUMMARY OF MILITARY OCCUPATIONS

13. TITLE—DESCRIPTION—RELATED CIVILIAN OCCUPATION

INVESTIGATOR: Served with the 700th Counter Intelligence Corp. Headquarters Bolling Field, D.C. for 5 months. Investigated acts of sabotage, espionage, sedition and other adverse acts against the United States government. Prepared confidential comprehensive written reports on all incidents investigated. In charge of the dispersement of confidential funds and routine administrative procedures pertaining to headquarters, 700th Counter Intelligence Corps.

Related Civilian Occupation: Detective, Investigator

MILITARY EDUCATION

14. NAME OR TYPE OF SCHOOL—COURSE OR CURRICULUM—DURATION—DESCRIPTION

Holabird Signal Depot, Baltimore, Md.
Counter Intelligence Course 4 weeks.

CIVILIAN EDUCATION

15. HIGHEST GRADE COMPLETED	16. DEGREES OR DIPLOMAS	17. YEAR LEFT SCHOOL	OTHER TRAINING OR SCHOOLING	
16 years	Bachelor of Arts	1935	20. COURSE—NAME AND ADDRESS OF SCHOOL—DATE	21. DURATION
18. NAME AND ADDRESS OF LAST SCHOOL ATTENDED			Law, Kent School of Law Chicago, ILL 1939	2½ years
19. MAJOR COURSES OF STUDY				
Business Administration				

CIVILIAN OCCUPATIONS

22. TITLE—NAME AND ADDRESS OF EMPLOYER—INCLUSIVE DATES—DESCRIPTION

MASTER SCHEDULER: Worked for the Consolidated-Vultee Aircraft Corp. San Diego, Calif. for 6 years. Prepared schedules pertaining to aircraft delivery and design changes. Coordinated with the departments in order to insure incorporation with the production line so as not to delay delivery of aircraft.

ADDITIONAL INFORMATION

23. REMARKS

None

24. SIGNATURE OF PERSON BEING SEPARATED

Keith E. Hatter

25. SIGNATURE OF SEPARATION CLASSIFICATION OFFICER

Leif Halvorsen

26. NAME OF OFFICER (Typed or Stamped)

LEIF HALVORSEN
Capt AC

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7759

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT KEITH ELDON HATTER		SEX Male	DATE OF BIRTH Mar. 27, 1913	DATE OF DEATH Nov. 17, 1988
PLACE OF DEATH—CITY OR TOWN El Cajon		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Gota Hatter, Wife
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Featheringill Mort. 6322 El Cajon Bl.		CALIFORNIA LICENSE NUMBER 1083		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 9260 Colondrina Dr. La Mesa, CA

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

<input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY <input type="checkbox"/> 10 DISPOSITION PENDING
<input type="checkbox"/> 4 SCIENTIFIC USE		

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cem, 3751 Market St. San Diego, Ca		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED Double Crypt - on Bottom	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a <i>Chapmell -</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	<p><i>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</i></p>		SIGNATURE OF APPLICANT ▶
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 21 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/22/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Loeyen Stetter</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 1067-10		
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D., M.M.</i>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 36987

Date: 11-18, 1988

From: Mrs. Hatter Address: 9260 Blomfield Dr La Mesa

In sixteen hundred twenty-one 45/100 Dollars (\$ 1621.45)
 Payment of Keith E. Hatter's Burial

CITY AUDITOR

Lot 1067 Grave _____ Row _____ Section 1 Division Block 119

Invoice No. _____

Acct. No. _____

W.O. E-7759

BALANCE DUE 6

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	119.00
80% Sales of Lots	100	476.00
Opening/Closing	100	320.00
Burial Containers	77181	330.00
Handling Fee	100	320.00
Recording & Misc. Fees	77185	35.00
Pre-Need Trust	63033	
Sales Tax	9022	81.45
	80101	
	78990	
TOTAL PAID	\$	1621.45

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

ISSUED BY [Signature]

NOV 25 1988

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Angela Carreras

in a T.S. Vault Vault/Line Funeral, date, time Mon 11-21 1:00

Church, Chapel, Graveside Delwiesy Ch. Thompson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 7 Grave 11 Row _____ Section 17 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 11.37

Total Due 711.37

Paid receipt number 36986 711.37

Balance due 0

I hereby certify I am the son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Frank R Carreras
Signature
4862 Sussex Dr.
Address
San Diego Calif 92116
State 282-8294 Zip Code
Telephone

Work Order # E 7760
PV-683 (REV. 8-86)

Invoice # _____
Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7760

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT ANGELA GILI CARRERAS		SEX Female	DATE OF BIRTH Feb. 05, 1895	DATE OF DEATH Nov. 17, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Frank R. Carreras (Son) 4862 Sussex Drive San Diego, CA 92116	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON RECEIVING AS SUIV) Humphrey Chula Vista Mortuary—875 Broadway Chula Vista, CA		CALIFORNIA LICENSE NUMBER F-964		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4 SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetary 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Gray flannel Covered China</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A <i>T.S. Vault</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 18 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>11/21/88</u> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Grayen Stelzer</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rames, M.D. CA</i>
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 36986

From: Anto Carreras Address: 4862 Sussex Drive, SD Date: 11-18 1988
Seven hundred eleven 37100 Dollars (\$ 711.37)
 in Payment of Angela Carreras' Interment

Lot 7 Grave 11 Row _____ Section 17 Division 7

Invoice No. _____
 Acct. No. _____
 W.O. 2-7760
 BALANCE DUE 5

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Judith Ward

CREDIT	67007	
20% Sales Com.	77184	
50% Sales of Lots	100	
Opening/Closing	100	<u>320.00</u>
Burial	77181	<u>175.00</u>
Containers	77182	<u>170.00</u>
Handling Fee	100	<u>35.00</u>
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	8022	
Sales Tax	60101	<u>11.37</u>
	78390	
TOTAL PAID		<u>711.37</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 399

CITY AUDITOR
 NOV 25 1988

MT. HOPE CEMETERY
INTERMENT ORDER

*Deed
Stouffer*

City of San Diego

Date 11-18-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jim Mack

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 7 Grave 11 Row _____ Section 17 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund Elena Wright

Opening/Closing & Setup to

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee Frank R. Carreras

Recording and filing fee _____ 35.00

Sales taxes _____

Total Due 35.00

Paid receipt number 36985 35.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7761

POWER OF ATTORNEY

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Elnora Wright, the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. March Associates

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

- (a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

Lot 7
Grave 11
Section 17
Division 7
Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 19th day of March, 1987

Elnora Wright

STATE OF CALIFORNIA }
COUNTY OF Contra Costa } ss.

On this 19th day of March in the year 1987, before me, the undersigned, a Notary Public in and for said State, personally appeared Elnora Wright

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name subscribed to the within instrument, and acknowledged to me that she executed it.

WITNESS my hand and official seal.

Eric S. Zell
Notary Public in and for said State.



Bayview Missionary Baptist Church

E 7761

REV. MILTON H. WILLIAMS, Pastor

1509 OAKDALE AVENUE

TELEPHONE: (415) 822-4844

SAN FRANCISCO, CA 94124

May 13, 1987

Mr. James A. March
644 Floyd Ave.
Chula Vista, Cal. 92010

Dear Mr. March

I am writing this letter in response to the request I made of you to sell my funeral property located in San Diego.. As Agreed, I hereby give power of attorney to you as indicated in the attached papers, but also wish to advise to whom ever is concerned that I lost through moving from San Diego to Richmond the deed to Lot 7, Grave 11, Section 17, Division 7 in the Mt Hope Cemetery.

Mr. March has my consent to act in my behalf in the sell of the above named property. If there is any additional information required, please don't hesitate to contact me: Mrs. Elnora Wright, 3026 Esmond Ave., Richmond, Calif. 94801.

Respectfully Yours:

Mrs Elnora Wright

Mrs. Elnora Wright

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 36985

Date: 11-18, 1988

From: Maack Associates Address: 644 Maple Ave, Chula Vista

White - five Dollars (\$ 35.00)

In Payment of Dead Transportation from Maack
Account To Frank R. Addressed

Lot 7 Grave 11 Row _____ Section 17 Division CITY Block AUDITOR

Invoice No. _____

Acct. No. _____

W.O. E-7761

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>35.00</u>
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	3	<u>35.00</u>

NOV 25 1988

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-18-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Juarez, Jr
in a _____ Vault/Line Funeral, date, time Nov 22 11:00

Church, Chapel, Graveside _____ Mortuary Morgan

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 _____ Deliverly City

Lot 16 Grave 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 55.00

Additional spaces and care fund

Opening/Closing & Setup 90.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145.00

Paid receipt number _____

Balance due _____

P.A. 1062298

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 # 071160

App # 000952

Work Order # **E 7762**

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 77 62

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT John Juwer Jr.		SEX Male	DATE OF BIRTH Nov. 15, 1927	DATE OF DEATH Nov. 9, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Public Administrator 5201-A Ruffin Road San Diego, CA. 92123		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Mayer Mortuary 2859 Adams Av. San Diego, CA		CALIFORNIA LICENSE NUMBER 1424		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A P.A. - Wooden box - 4 Plastic falls	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A on Bottom of		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ <i>John Mayer Mortuary</i> DATE SIGNED Nov. 18, 1988
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED NOV 18 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald E. Roman, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/23/88 (ENTER DATE) 16 7/18/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>George M. Little</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

11/18/88

P.A. Veteran DAV

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of George A. Brooks

in a _____ Funeral, date, time Wed Noon 11-23

Church, Chapel, Graveside Deliver Only; Pag Dale Mortuary.

All funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran Yes - DAV

Lot 16 Grave 1 Row _____ Section 2 Division/B1500 11

Grave space & Care Fund "TOP" 55.00

Additional spaces and care fund _____

Opening/Closing & Setup 90.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee No fee on GI if got

Recording and filing fee _____

Sales taxes _____

Total Due 145.00

Paid receipt number _____

Balance due _____

Born 1938
DoB - 1929/85
Pat Williams 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 _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # 077163

Acct # _____

Work Order # E 7763

CV-503 (REV. 8-88)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7763

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT GEORGE ALMON BROOKS		SEX Male	DATE OF BIRTH May 19, 1938	DATE OF DEATH Oct. 27, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Tahamon Brooks - Daughter 4968 Auburn Drive San Diego, California 92105	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mort.: 5050 Federal Bl.: Ca.		CALIFORNIA LICENSE NUMBER F 1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED 4/21/88
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>	SIGNATURE OF APPLICANT <i>[Signature]</i>
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/23/88 (ENTER DATE)	DATE PERMIT ISSUED NOV 21 1988
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH Dept. of Health Services: San Diego, California 92138-522	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11/18/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Hattie Mae Ramsey

in a T. S. Vault Funeral date, time Mon 11 Am - 11/21

Church, Chapel, Graveside Chapel & S.S. Pasadena 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 3413 Grave - Row - Section - Division/Block 10

Grave space & Care Fund Single 595⁰⁰

Additional spaces and care fund None

Opening/Closing & Setup 320⁰⁰

Burial Container T. S. Vault 175⁰⁰

Handling Fees 170⁰⁰

Flower vases - Marker setting fee 85⁰⁰

Recording and filing fee 11 37

Sales taxes 1306 37

Total Due 1306 37

Paid receipt number 36991 1306 37

Balance due 0

PAID
NOV 18 1988
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the First 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 agree to hold Mt. Hope Cemetery harmless from any liability 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 Diana D. Gussion

Address 52160 San Pedro Dr

State San Diego

Zip Code Ca 92114

Telephone _____

Work Order # E 7764

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7764

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT HATTIE RAMSEY		SEX Female	DATE OF BIRTH April 20, 1896	DATE OF DEATH Nov. 17, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Juanita Grissom - Cousin	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, CA		CALIFORNIA LICENSE NUMBER 4889	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 5260 La Paz Drive San Diego, CA 92114	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|---|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED Wooden - octagon
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/21/88 (ENTER DATE)	DATE PERMIT ISSUED NOV 21 1988
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH San Diego Co. Dept. of Health	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Harold E. Rowles, M.D., M.M.
	P. O. Box 85222 San Diego, CA 92138-5222	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Seamus Letta
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 36991

Date: 11/18, 1988

From: Juanita Lissom Address: 5260 La Playa Dr. S.D. 92114

In full Payment of Interment of Hattie Mae Ramsey - doe Dollars (\$ 1306³⁷/₁₀₀)

Lot: 3413 Grave: --- Row: --- Section: --- Division Block: 10

Invoice No. ---
 Acct. No. ---
 W.O. E-7764
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	67007	119	00
20% Sales Care	77184	476	00
80% Sales of Lots	100	320	00
Opening/Closing	77181	175	00
Burial Containers	100	170	00
Handling Fee	77185	35	00
Recording & Misc. Fees	77183		
Pre-Need Trust	63033 9022		
Sales Tax	90101 78390	11	37
TOTAL PAID		1306	37

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

CITY AUDITOR
 NOV 25 1988

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Blanche H. Mercer
in a Bell Tent Vault/Liner Funeral, date, time 11-23 Wed 11:30

Church, Chapel, Graveside Delmar City - Hemphill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran ~~YES~~

Lot 20 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____

Total Due 35.00

Paid receipt number 36996 35.00

Balance due 0

Yale will be checked

Old Receipt P-9252

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7765

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7765

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT BLANCHE HURST MERCER		SEX Female	DATE OF BIRTH Feb. 24, 1905	DATE OF DEATH Nov. 20, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Margaret E. Gouette (Daughter) 2504 Chatsworth San Diego, CA 92106
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Rumphrey Chula Vista Mortuary 855 Broadway Chula Vista, CA		CALIFORNIA LICENSE NUMBER F-964		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 22 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> CO
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>11/23/88</u> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 36996



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-23, 1988
From: Marsha Mercer Address: 4660 Zion Ave, San Diego

Thirty-five 10/100 Dollars (\$ 35.00)
In Payment of Recording fee

Lot 20 Grave 11 Row 8 Section 3 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E-7765
BALANCE DUE 0

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1872

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	6700	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>35.00</u>

CITY AUDITOR
DEC 02 1988

35.00
35.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-23-88

Preneed

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Charles Greene

in a _____ Vault/Liner _____ Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 68 Grave 11 Row _____ Section 2 Division/Block 4

Grave space & Care Fund 250.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container **PAID IN**

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee **FULL**

Sales taxes

Total Due 250.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature [Signature]
Address 3804 Logan Ave
San Diego, CA 92113
State _____ Zip Code _____

Telephone _____

Work Order # **E 7766**
PY-583 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

No 37196



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Date: 1-9, 1989

From: Charles Moore Address: 3014 Sojourner Ave SD

Ten dollars net Dollars (\$ 10.00)
 In _____ Payment of burial & casket lot

Lot 68 Grave 11 Row _____ Section 2 Division Block 11

Invoice No _____
 Acct. No _____
 W.O. 2-17766
 BALANCE DUE 240.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Linda Ward

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>10.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	8022	
	80101	
	78390	
TOTAL PAID	\$	<u>10.00</u>

CITY AUDITOR
 JAN 17 1989

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
52-00028530
 AC-212 (Rev. 10-87)

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37422

Date: 3-2, 1989

From: United Grace Address: 3814 Lyon Avenue, S
clover no/110 Dollars (\$ 11.00)

In _____ Payment of union & credit acct

Lot 68 Grave 11 Row _____ Section 2 Division 11
 Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7766

BALANCE DUE 229.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

52-00076767

AG-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE

CITY AUDITOR
 MAR 10 1989

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
30% Sales of Lot	100	<u>11</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63003		
	9022		
Sales Tax	80101		
	78380		
TOTAL PAID	\$	<u>11</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

№ 37502

From: Charles Greene Address: 2774 Logan Ave, SD 92119 Date: 3-13 1989
ten dollars Dollars (\$ 10.00)
 In Payment of payment 3 credit dat

Lot 60 Grave 11 Row _____ Section 2 Division 11 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-7766
 BALANCE DUE 219.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Care	77184	
50% Sales of Lots	100	<u>10 00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>10 00</u>

CITY AUDITOR
 MAR 16 1989

096-0769-62

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No. 37820

Date: 5-12, 1989

From: Charles Greese Address: 314 San Ave, SD 92114

In payment of grave for 4 Mount St. Dollars (\$ 11.00)

Lot 68 Grave 11 Row 4 Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-7766
 BALANCE DUE 208.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>11.00</u>

CITY AUDITOR
 MAY 19 1989

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37840

Date: 5-19, 1989

From: Charles H. Hare Address: 3814 Logan Avenue

ten 20/100 Dollars (\$ 10.00)

In _____ Payment of Origin 5 Credit Act

Lot 68 Grave 11 Row _____ Section 2 Division 11 Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7766

BALANCE DUE 198.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

45-156194879

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

CITY AUDITOR
MAY 30 1989

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>10</u>	<u>00</u>
Opening/Closing	77181		
Burial	100		
Containers	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No **E-7766**
38156

Date: 613 1989

From: Charles Jones Address: 3814 Logan Ave, SD

In San Diego Dollars (\$) 10.00
 Payment of Deposit to Credit

Lot 68 Grave 11 Row Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. _____
 BALANCE DUE 188.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

52-00379009
 AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>10.00</u>	
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	6022		
Sales Tax	60101		
TOTAL PAID	78380	<u>10.00</u>	

CITY AUDITOR
 JUN 15 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 38321

Date: July 27, 1989

From: Charles Greene Address: 3814 Kanyon Blvd

In part Payment of Credit Lot Coupon #7 Dollars (\$ 11.00)

Lot 68 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 57766

BALANCE DUE 177.-

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	11	-
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	11	-

ISSUED BY R. Johnson

CITY AUDITOR
 JUL 27 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 38452

From: Charles Moore Address: 3814 Lopez Avenue, S.F. 12113 Date: 8-25 1989

clear dollar note Dollars (\$ 11.00)

In _____ Payment of Coupon & Credit Set

Lot 68 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-17766

BALANCE DUE 166.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

52-0860870

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Lady Ward

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	<u>11.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>11.00</u>

CITY AUDITOR
 SEP 05 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 37957

From: Charles Jones Address: 314 Ocean Ave, SP 92114
Manila, Hawaii 96710
 Date: 9-21, 19 89
 In Payment of Unexp. 9 Credit Set Dollars (\$ 11.00)
 Lot 68 Grave 11 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. 8-7766
 BALANCE DUE 155.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Jane Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>11</u>	<u>00</u>
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77181		
Recording & Misc. Fees	100		
Pre-Need Trust	77182		
Sales Tax	100		
TOTAL PAID	63033		
	9022		
	80101		
	76380		
		<u>11</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
21-183642218

CITY AUDITOR
 SEP 25 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 38065

Date: 10-18, 1989

From: Charles Garcia Address: 3814 Logan Ave, S 92114

ten dollars Dollars (\$ 10.00)

In Payment of Logan 10, Credit Lot

Lot 66 Grave 11 Row _____ Section 2 Division 11
Block _____

Invoice No. _____

Acct. No. _____

W.O. 2-7766

BALANCE DUE 195.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

21-18539 5967

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>CITY</u>
80% Sales of Lots	100	<u>12 00</u>
Opening/Closing	77181	<u>OCT 24 1989</u>
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>10 -</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

119 38596

Date: 11-24, 1989

From: Charles Hope Address: 3814 Logan Ave, SD

clear notes Dollars (\$) 11.00

In _____ Payment of Logan 11 credit lot

Lot 68 Grave 11 Row _____ Section 2 Division 11 Block _____

Invoice No. _____

Acct. No. _____

W.O. 2-7766

BALANCE DUE 134.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

096-0695-4

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Andra Ward

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>11</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	63033		
Sales Tax	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>11</u>	<u>00</u>

CITY AUDITOR
 DEC 04 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 38697

Date: 12-21 1989

From: Wiles Inc. Address: 2814 Logan Ave, SD 92114

In ten dollars no/10 Dollars (\$ 10.00)
 Payment of coupon 12 Credit Act

Lot 68 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-7166
 BALANCE DUE 124.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

21-1831907

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>10.00</u>	
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
	60101		
	78380		
TOTAL PAID	\$	<u>10.00</u>	

CITY AUDITOR
 DEC 26 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3154

NO 38802

From: Charles Greer Address: 3814 Logan Ave, 92113 Date: 1-24, 1990
Des. Rollins Dollars (\$ 10.⁰⁰)
 In _____ Payment of Credit Lot

Lot 68 Grave 11 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7766
 BALANCE DUE \$ 114.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 170721-128659116

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. L. Wark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>10</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR NO 38920

MAR 5 1990

Date: 2-26, 1990

From: Charles Moore Address: 3874 Logan Ave., St. 92114

In Jan Rollins Payment of Credit for Dollars (\$ 10.00)

Lot 67 Grave 11 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-4766

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 0961379712

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY J. A. White

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>10</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR

No 39140

APR 23 1990

Date: 4-19, 1990

From: Chick Green Address: 3814 Logan Ave, SD 92114

Des Anillo Dollars (\$ 10.00)

In _____ Payment of Credit for

Lot 68 Grave 11 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. F-71766

BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
	63033	
Sales Tax	9022	
	80101	
	76390	
TOTAL PAID	\$	<u>10.00</u>

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

0761412968

ISSUED BY J. Green

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

CITY AUDITOR **NO 39044**

APR 2 1990

Date: 3-27, 19 90

From: Charles Moore Address: 3814 F. Ave. No. 12114

In Eileen Nollan Payment of Credit Lot Dollars (\$ 11.00)

Lot 68 Grave 11 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E-1776
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. Paul White

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	<u>11</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
	77183		
Sales Tax	83033		
	9022		
	90101		
	78390		
TOTAL PAID	\$	<u>11</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AG-212 (Rev. 10-87) 0961352182

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 39296

Date: 6-1, 1990

From: Charles Moore Address: 3814 Logan Ave, SD 92113

In Edward Dollars Payment of Credit Dollars (\$ 11.00)

Lot 68 Grave 11 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E. T. Moore

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 09614526

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>11.00</u>

CITY AUDITOR
JUN 09 1990

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39425

From: Charles Green Address: 3814 Logan Ave., SD 92114 Date: 7-2, 19 90
Eleven Dollars Dollars (\$ 11.00)
 In Payment of Credit for

Lot 68 Grave 11 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E 7766
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 0961530351

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	77007		
20% Sales Care	77184	<u>11</u>	<u>00</u>
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78380		
TOTAL PAID	\$	<u>11</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39544

Date: Aug 3, 1990

From: Charles Green Address: 3714 Laguna Ave, SD 92114

Elmer Dollars (\$ 11.00)

In Payment of Credit For

Lot 68 Grave 11 Row _____ Section 2 Division Block 11

Invoice No _____
 Acct. No _____
 W.O. F-7112
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

ISSUED BY Walt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>11</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>11</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)
52-01064718

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39663

Date: 9-5-1990

From: Charles Greene Address: 2814 Logan Ave San Diego CA 92112

Private Use and 50/100 Dollars (\$ 21.00)

In _____ Payment of Arrears

Lot 68 Grave 11 Row --- Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7766

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

MC 21-057137876
 AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>21.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>21.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39790

Date: 10-4-1990

From: CHARLES GREENE Address: 3814 LINDAN AVE S.D. CA 92114

ELEVEN AND 00/100 Dollars (\$ 11.00)

In _____ Payment of CREDIT LOT

Lot 68 Grave 11 Row — Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7766

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NO. 596-2021-431
 AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

ISSUED BY Kate Jones

CREDIT	67007	
20% Sales Care	77184	<u>11.00</u>
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>11.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39986

Date: 12-4, 1990

From: Charles Green Address: 2514 Lopez Ave, St 92114

In Twenty One Dollars Payment of Club Fee Dollars (\$ 21⁰⁰)

Lot 68 Grave 11 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7166
 BALANCE DUE 4

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	<u>21</u>	<u>00</u>
80% Sales of Lots	100		
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>21</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 11# 21 2053410
 AG-212 (Rev. 10-87)

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7766

Credit Lot

Charles Greene
3814 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
10											

Amount due when paid on, or before,
due date above.

▶ \$ 10.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ 11.00

NAME Charles GREENE Amount Received \$ _____

ADDRESS 3814 Logan Av

CITY SAN Diego STATE Ca ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7766

Credit Lot

Charles Greene
3814 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
10											

Amount due when paid on, or before,
due date above.



\$ 10.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 11.00

Amount Received

\$ 11.00

NAME

Charles Greene

ADDRESS

3814 Logan Ave.

CITY

2-28-89

STATE

Ca. ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7766

Credit Lot

Charles Greene
3814 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
10											

Amount due when paid on, or before,
due date above

▶ \$ 10.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ _____

NAME

Amount Received

\$ 10.00

ADDRESS

CITY

Charles Greene

3814 Logan Ave.

San Diego STATE Ca. ZIP 92113

check (✓) if this is new address

Send or bring any coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7766** - **Credit Lot**

Charles Greene
3814 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
LD											

Amount due when paid on, or before,
due date above.



\$ 10.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7766**

Credit Lot

Charles Greene
3814 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
10											

Amount due when paid on, or before,
due date above.

\$ **10.00**

Amount due if paid more than **10** days
after due date above.

\$ **1.00**

\$ _____

Amount Received \$ **10.00**

NAME

Charles Greene

ADDRESS

3814 Logan Ave

CITY

San Diego

STATE

Ca.

ZIP

92113

check (✓) if this is new address

Send or bring any coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7766**

Credit Lot

Charles Greene

3814 Logan Avenue

San Diego, Ca 92113

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
LD											

Amount due when paid on, or before,
due date above.



\$ **10.00**

Amount due if paid more than 10 days
after due date above.



\$ **1.00**

\$.

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7766** - **Credit Lot**

Charles Greene
3814 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
10											

Amount due when paid on, or before,
due date above

▶ \$ 10.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ 11.00

NAME Charles Greene Amount Received \$ 11.00
ADDRESS 3814 Logan Ave.
CITY San Diego STATE Ca. ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7766** **Credit Lot**

Charles Greene
3814 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
LD											

Amount due when paid on, or before,
due date above.

▶ \$ **10.00**

Amount due if paid more than 10 days
after due date above.

▶ \$ **1.00**

\$ _____

Amount Received \$ **11.00**

NAME **Charles Greene**

ADDRESS **3814 Logan Ave**

CITY **S. Diego** STATE **Ca.** ZIP **92113**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7766**

Credit Lot

Charles Greene
3814 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
10											

Amount due when paid on, or before,
due date above.



\$ **10.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received

\$ **10.00**

NAME

Charles Greene

ADDRESS

3814 Logan Ave.

CITY

San Diego

STATE

Ca

ZIP

92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7766**

Credit Lot

Charles Greene

3814 Logan Avenue

San Diego, Ca 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
LD											

Amount due when paid on, or before,
due date above.



10.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ 10.00

NAME

Charles Greene

ADDRESS

3814 Logan Ave.

CITY

San Diego

STATE

Ca.

ZIP

92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7766**

Credit Lot

**Charles Greene
3814 Logan Avenue
San Diego, Ca 92113**

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
10											

Amount due when paid on, or before,
due date above.



\$ **10.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7766**

Credit Lot

Charles Greene
3814 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
10											

Amount due when paid on, or before,
due date above.



10.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check () if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7766

Credit Lot

Charles Greene
3814 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
10											

Amount due when paid on, or before,
due date above.

\$ 10.00

Amount due if paid more than 10 days
after due date above.

\$ 1.00

\$ _____

NAME

Charles Greene

Amount Received

\$ 10.00

ADDRESS

3814 Logan Ave.

CITY

San Diego

STATE

Ca.

ZIP

92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

4-7766

Credit Lot

**Charles Greene
3814 Logan Avenue
San Diego, Ca 92113**

Month and Day Due indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
19											

Amount due when paid on, or before,
due date above.



10.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

NAME

Charles Greene

Amount Received

\$ 11.00

ADDRESS

3814 Logan Ave.

CITY

San Diego

STATE

Ca

ZIP

92113

check () if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7766

Credit Lot

**Charles Gross
3814 Logan Avenue
San Diego, Ca 92113**

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
10											

Amount due when paid on, or before,
due date above.



\$ **10.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received

\$ **11.00**

NAME

Charles Gross

ADDRESS

3814 Logan Ave

CITY

San Diego

STATE

Ca

ZIP

92113

check if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7766

Credit Lot

Charles Greene
3814 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
10											

Amount due when paid on, or before,
due date above.

10.00

\$

Amount due if paid more than 10 days
after due date above.

1.00

\$

\$

NAME

Charles Greene

Amount Received

\$ 10.00

ADDRESS

3814 Logan Ave.

CITY

S.D.

STATE

Ca

ZIP

92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7766

Credit Lot

**Charles Greene
3814 Logan Avenue
San Diego, Ca 92118**

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
10											

Amount due when paid on, or before,
due date above



\$ **10.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received

\$ 11.00

NAME

Charles Greene

ADDRESS

3814 Logan Ave.

CITY

S. D.

STATE

Ca

ZIP

92118

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7766**

Credit List

**Charles Greene
3814 Logan Avenue
San Diego, Ca 92113**

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
19											

Amount due when paid on, or before,
due date above.



10.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

8-7766

Credit Lot

**Charles Greene
3614 Logan Avenue
San Diego, Ca 92113**

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
10											

Amount due when paid on, or before,
due date above



10.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7706

Credit Lot

**Charles Greene
3814 Logan Avenue
San Diego, Ca 92113**

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
19											

Amount due when paid on, or before,
due date above.



10.00

\$

Amount due if paid more than 10 days
after due date above.



1.00

\$

\$

Amount Received

\$

11

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7766

Credit Lot

Charles Greene
3814 Logan Avenue
San Diego, Ca 92113

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
10											

Amount due when paid on, or before,
due date above.



10.00

\$

Amount due if paid more than 10 days
after due date above.



1.00

\$

\$

Amount Received

\$

10.00

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

L-7706

Credit Let

**Charles Greene
3814 Logan Avenue
San Diego, Ca 92113**

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
10											

Amount due when paid on, or before,
due date above.



10.00

\$ _____

Amount due if paid more than **10** days
after due date above.



1.00

\$ _____

\$ _____

Amount Received

\$

11.00

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7766

Credit Lot

**Charles Greene
3814 Logan Avenue
San Diego, Ca 92113**

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
10											

Amount due when paid on, or before,
due date above.



10.00

\$

Amount due if paid more than **10** days
after due date above.



1.00

\$

for Octo \$ **11.00**

Amount Received

\$

21.00

NAME

Charles Greene

ADDRESS

3814 Logan ave

CITY

San Diego

STATE

ZIP

check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/25/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Marie Lucy Monk
in a Cash Vault Funeral date, time Tues 11/29 12:30

Church, Chapel, Graveside Graveside; Cliff View 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 333 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund Top Center - just below marker

Additional spaces and care fund him

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 2.60

Total Due 242.60

Paid receipt number 37002 242.60

Balance due 0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Evelyn C. Beatt
Signature
5732 Gardena Ave
Address
San Diego Ca 92110
State Zip Code
619-276-1778
Telephone

Work Order # E 7767

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7767

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT MARIE LUCY MONK		SEX FEMALE	DATE OF BIRTH 9-15-1901	DATE OF DEATH 11-22-1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Evelyn Deaett - Daughter
NAME AND ADDRESS OF BURIAL CHAPEL OR PERSON PROVIDING AS SUCH 5602 El Cajon Blvd. San Diego, CA 92115		CALIFORNIA LICENSE NUMBER F 1357		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 5132 Gardena Ave. San Diego, CA 92110

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery -3751 Market St. - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Crematory-14065 Olde Hwy 80	DATE CREMATED 11/27/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$ 4.00	DATE PERMIT ISSUED NOV 23 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/29/88 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY			

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED 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 BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

005858 No 37002

28
 CITY ALIBITOR

From: W. Evelyn C. Ocasett Address: 5132 Gardner Ave, DEPT
Two hundred forty-two 60/00

Date: 11-30
 Dollars (\$ 242.60) 1988

In _____ Payment of Marie S. Marks' Interment

Lot 333 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. 2-7767

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

7851

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 PAID IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	105	00
Burial Containers	100	00	00
Handling Fee	77182	60	00
Recording & Misc. Fees	100	35	00
Pre-Need Trust	63033		
	8022		
Sales Tax	80101	2	60
	78300		
TOTAL PAID		242	60

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/25/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Bette L. Kilhoffer
 in a T.S. Vault Funeral, date, time 11/28 - 10 AM Mon
 Church, Chapel, Graveside Chapel 4 & S; Manly Matched 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 1222 Grave - Row - Section - Division/Block 10

Grave space & Care Fund Per head D-2028 ←

Additional spaces and care fund D.I.P. - ←

Opening/Closing & Setup 320⁰⁰

Burial Container T.S. Vault 175⁰⁰

Handling Fees labor 170⁰⁰

Flower vases - Marker setting fee ←

Recording and filing fee 35⁰⁰

Sales taxes 11³⁷

Total Due 711³⁷

Paid receipt number 37034 711.37

Balance due 0

Will Bring Ch.
F.D.O.

State of
Married

Send to

of

I hereby certify I am the _____ of the above named decedent
 and this is your authority to make disposition of remains as above indicated. I certify and represent
 that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
 any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
 hold under deed.

Signature of recorded holder of deed _____

Signature _____
 Address _____
 State _____ Zip Code _____
 Telephone _____

Work Order # E 7768
 PV-553 (REV. 8-86)

Invoice # _____
 Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7768

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT BETTE LOUISE KILHOFFER		SEX FEMALE	DATE OF BIRTH SEP 17, 1927	DATE OF DEATH NOV 23, 1988
PLACE OF DEATH—CITY OR TOWN SAN DIEGO		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) SAN DIEGO	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT STEPHEN S. MAC GREGOR, SON 13556 CONINA DRIVE POMAY, CA 92064	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) HENLEY-RITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		CALIFORNIA LICENSE NUMBER F-119		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10 DISPOSITION PENDING </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Altameda Rose 209a Estanville	DATE CREMATED 11/28/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY [Signature]
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION D/N/A Vault - on top and to far east beyond 3rd line -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT [Signature]
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 28 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/28/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		
	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37034

Date: 12-5, 1988

From: Merkle-Mitchell Address: 3655 Little Ave, SD

Seven thousand eleven Dollars (\$ 711.37)

in Payment of Little Louise Killoffer's
interment

Lot 1222 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7768

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

7580

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID IN THIS SPACE"

CITY AUDITOR
 DEC 9 1988

ISSUED BY India Vard

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ Closing	100	<u>300</u>	<u>00</u>
77181			
Burial	100	<u>175</u>	<u>00</u>
Containers	77182		
100		<u>170</u>	<u>00</u>
Handling Fee	77185		
Recording & Misc. Fees	100	<u>35</u>	<u>00</u>
77183			
Pre-Need Trust	63033		
9022		<u>11</u>	<u>37</u>
Sales Tax	80101		
78390		<u>711</u>	<u>37</u>
TOTAL PAID			

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego ✓

Date 11-25-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eva Krenel
 in a Toppled Vault Funeral, date, time Tues 11/29 11:00
Vault/Liner
 Church, Chapel, Graveside Chapel + St. El Cajon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 7 Grave 1 Row _____ Section 5 Division 3

Grave space & Care Fund	<u>Can Have Slant Mem.</u>	<u>595⁰⁰</u>
Additional spaces and care fund	<u>NONE Requiem Sp. 2-4-5-6 are advised</u>	
Opening/Closing & Setup		<u>320⁰⁰</u>
Burial Container	<u>T.S. Vault (concrete)</u>	<u>175⁰⁰</u>
Handling Fees	<u>Label</u>	<u>170⁰⁰</u>
Flower vases - Marker setting fee		
Recording and filing fee		<u>85⁰⁰</u>
Sales taxes		<u>11 37</u>
	Total Due	<u>1306 37</u>
	Paid receipt number	<u>31077 (130637)</u>
	Balance due	<u>0</u>

30 days make!

I hereby certify I am the GRANDDAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Stella Z. Vasevic
 Signature
10662 HOLBORN CT.
 Address
SANTEE, CA. 92071
 Zip Code
 (619) 562-5189
 Telephone

Work Order # E 7769
 PY-683 (REV. 8-85)

Acct. # [REDACTED]

W.O. # E 7769

NOTE

\$ 1306³⁷ San Diego, California

Nov 25 19 88

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Thirteen Hundred and 37/100 DOLLARS with interest from Nov 27, 1988 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME _____

SIGNATURE Stella Z. Varagic

ADDRESS _____

CALIF. DRIVERS LIC. # 1 N0091479

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7769

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Eva Marian Krecul		SEX Female	DATE OF BIRTH Dec. 23, 1910	DATE OF DEATH Nov. 24, 1988
PLACE OF DEATH—CITY OR TOWN La Mesa		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Sharon Krecul - Daughter-in-Law	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) El Cajon Mortuary 684 So. Holliston Ave. - El Cajon, CA 92020		CALIFORNIA LICENSE NUMBER F-1022	6370 Southern Rd. La Mesa, CA 92042	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">FOR CORONER'S USE ONLY</p> <input type="checkbox"/> 10 DISPOSITION PENDING </div> |
|--|---|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. - San Diego, CA 92102		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Metal 20ga Insulation T.L. Vahl	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY FOR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Head is to the East			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT 	
			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED NOV 29 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/29/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT

12/14

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 37097



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: Stella Vasquez Address: 10642 Holburn Ct, San Diego, CA
thirteen hundred six 37/100 - Dollars (\$ 1306.37)
In _____ Payment of Mrs. Vasquez's estimate

Lot 7 Grave 1 Row _____ Section 5 Division Block 3

Invoice No. 077143
Acct. No. 028434
W.O. 2-7769
BALANCE DUE 0

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-67)

763

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.
CITY AUDITOR
DEC 15 1968
ISSUED BY Andy Wood

CREDIT	67007	
80% Sales Care	77184	
80% Sales of Lots	100	
Opening/	77184	
Containers	100	
	77181	
	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	65033	
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>1306 37</u>

CITY OF SAN DIEGO
 AUDITOR & COMPTROLLER
 REPORT NO. C65-102

ACCOUNTS RECEIVABLE
 PAID INVOICE REPORT BY DEPARTMENT
 AS OF 12/15/88

DATE: 12/15/88
 TIME: 221731
 PAGE: 4

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
077143	12/12/88	028434	STELLA VAROJIC				12/12/88	CK	763	1,306.37	1,306.37	0.00
			100 072		77181	000072				320.00		
			100 072		77182	000072				175.00		
			100 072		77183	000072				35.00		
			100 072		77184	000072				476.00		
			100 072		77185	000072				170.00		
			60101		78390					11.37		
			67007		77184					119.00		

E-9769

PAID IN FULL


NUMBER OF INVOICES PAID 1

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-28-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosetta Wilson

in a Bell Tower Vault/Liner Funeral date, time Wed 11/30 2pm
Church, Chapel, Graveside Chapel of the Rede Roadside 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 46 Grave 11 Row _____ Section 3 Division Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 35.00

Paid receipt number 37009 35.00

Balance due 0

I hereby certify I am the Trustee of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Iva P. Shanks
Address 4708 Bell Ave
Richmond CA 94804
State _____ Zip Code _____
Telephone 415 234 1388

Work Order # E 7770
PY 583 (REV. 8-86)

Invoice # _____
Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7770

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT ROSETTA A. WILSON	SEX FEMALE	DATE OF BIRTH 05/23/07	DATE OF DEATH 11/25/88
PLACE OF DEATH—CITY OR TOWN SAN PABLO	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) CONTRA COSTA	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT IVA P. SHANKS (NIECE) 4708 BERK AV RICHMOND, CA 94804	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) FULLER FUNERALS INC	CALIFORNIA LICENSE NUMBER F 1350		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

FOR CORONER'S USE ONLY

 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MOUNT HOPE CEMETERY SAN DIEGO, CA	COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <i>Lemi</i>	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>	SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID 4.00 DATE PERMIT ISSUED 11-28-88	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ed Bremer MD</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/2/88 (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Seay White</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH CONTRA COSTA COUNTY HEALTH DEPT 1111 WARD STREET MARTINEZ, CA 94553	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37009

From: Wa Sports Address: 4708 Teak Ave, Mission Date: 11-30 1988

In _____ Payment of Recording Fee for Rosetta Wilson Dollars (\$) 35.00

Lot 46 Grave 11 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-17710
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
DEC 9 1988

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>35.00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>35.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/28/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of La Shea Louise Monna Still Birth in a none Vault/Line Funeral, date, time 11/30-Wed - 11 AM Church, Chapel, Graveside Graveside; Ragsdale Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 3430 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund _____

Opening/Closing & Setup 64.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes _____

Merch to Post

Total Due 199.00

Paid receipt number 37006 199.00

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.

OK by phone
Leslie Ordway
Signature
Date

Signature of record holder of deed _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7771

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7771

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT La Shea Louise Monia		SEX Female	DATE OF BIRTH 11-23-88	DATE OF DEATH 11-23-88
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Bethael Jackson - Mother	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER F1329		
		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 865 Gwan Street San Diego, California 92114		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED 11/30/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A <i>18" Flat top - 70 Lines</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED NOV 30 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 11/30/88 (ENTER DATE) 3430-1-9	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37006

Date: 11-30, 1988

From: Indesur-Losdale Address: 5050 Federal Blvd, D

one hundred ninety-nine Dollars (\$ 199.00)

In _____ Payment of Good of Maria

Lot 2430 Grave _____ Row _____ Section 1 Division 9 Block 9

Invoice No. _____

Acct. No. _____

W.O. E-7771

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

135

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 PAID IN THIS SPACE

CITY AUDITOR
 DEC 9 1988

ISSUED BY Shirley Ward

CREDIT	67007	20	00
20% Sales Care	77184		
80% Sales of Lots	100	80	00
Opening/Closing	77181	64	00
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183	35	00
Pre-Need Trust	63033		
Sales Tax	60101		
TOTAL PAID	76390	199	00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernestine Arriaga

in a _____ Vault/Liner _____ Funeral, date, time Wed 12-30 2:00

Church, Chapel, Graveside _____; Melby Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 19 Grave 16,17,18 Row _____ Section 3 Division/Block 7

Grave space & Care Fund 55.00

Additional spaces and care fund 90.00

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 145.00

Paid receipt number _____

Balance due _____

PA 1063278

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7772
PY-583 (REV. 8-88)

Invoice # 079167
Acct. # 00952

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7772

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT ERNESTINE REBECCA ARNIJO		SEX FEMALE	DATE OF BIRTH MAR 18, 1964	DATE OF DEATH NOV 24, 1988
PLACE OF DEATH—CITY OR TOWN CHULA VISTA		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) SAN DIEGO		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT EVELYN L. SERRANO, MOTHER 2311 SHYTHE AVENUE SAN YSIDRO, CA 92073
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) WILLIAM MITCHELL MORTONRY, 808 13TH STREET, IMPERIAL BEACH, CA 92032		CALIFORNIA LICENSE NUMBER F-1178		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

FOR CORONER'S USE ONLY

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED Covered square Chula
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A NO time on gravel 27" wide	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Parallel to road	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>11/30/88</u> (DATE)	DATE PERMIT ISSUED NOV 29 1988
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Powell, M.D. JR
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE N/A

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11/29/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Joan Bell
in a Double Crypt Vault/Lin. Funeral date, time Fri - 11Am - 12/2
Church, Chapel, Graveside Chapel & G.S.; Pagodalak 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 Mr. is Navy Vet

Lot 65 Grave 2 Row — Section 2 Division/Block 12

Grave space & Care Fund	<u>Bottom</u>	<u>495⁰⁰</u>
Additional spaces and care fund	<u>Double Crypt (top open)</u>	
Opening/Closing & Setup		<u>320⁰⁰</u>
Burial Container	<u>Double Crypt -</u>	<u>330⁰⁰</u>
Handling Fees	<u>labor</u>	<u>320⁰⁰</u>
Flower vases - Marker setting fee		<u>—</u>
Recording and filing fee		<u>85⁰⁰</u>
Sales taxes		<u>21.45</u>
Total Due		<u>1521.45</u>
Paid receipt number <u>5/2/89</u>		<u>1521.45</u>
Balance due		<u>0</u>

30 day note

I hereby certify I am the Husband & 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 _____

x F.O. Bell
Signature
x 627 STARK ST
Address
x 9414 DITGO BL
State _____ Zip Code _____
x 2649422
Telephone

Work Order # E 7773
PY-563 (REV 8-88)

Invoice # 099137
Acct # 028432

W.O. # E-7773

NOTE

\$ 1521⁴⁵ San Diego, California

Nov 29 19 88

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Fifteen Hundred Twentyone and ⁴⁵/₁₀₀ DOLLARS with interest from Jan - 4, 1989 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME _____ SIGNATURE Francis R. Bell

ADDRESS _____

CALIF. DRIVERS LIC. # _____

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E 7773

UNITED STATES UNIFORMED SERVICES		
		STATUS RETIRED
GRADE P02/E5		SERVICE USN
SIGNATURE <i>Francis M. Bell</i>		SSN/SERVICE NO. 725053018
		EXPIRATION DATE INDEFINITE

DD FORM 1, (RETIRED) 1 MAY 79

DATE OF BIRTH	WEIGHT	HEIGHT	COLOR HAIR	COLOR EYES
1916 AUG 25 1916	176 LB	70"	BROWN	BROWN
SIGNATURE OF ISSUING OFFICER			DATE OF ISSUE	
[Signature]			1987 SEP 24	
MEDICAL			WARNING	
NO CIV MED CARE AUTHORIZED			ISSUED FOR OFFICIAL USE OF THE HOLDER DESIGNATED PERSON USE ON POSSESSION EXCEPT AS PRESCRIBED IS ILLEGAL AND WILL MAKE THE OFFENDER LIABLE TO HEAVY PENALTY—18 U.S.C. 893, 894 AND 793	
AFTER INELIGIBLE			CARD NO.	
BT: AB+			1481011	
PROPERTY OF THE UNITED STATES GOVERNMENT, IF FOUND, DROP IN NEAREST U.S. MAIL BOX			POSTMASTER: RETURN TO DEPARTMENT OF DEFENSE WASHINGTON, D.C. 20301	

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7773

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT AKA JOAN HICKS JOANN BELL	SEX Female	DATE OF BIRTH April 14, 1947	DATE OF DEATH Found Nov. 24, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Francis Bell - Husband 623 Stork Street San Diego, CA. 92114	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mort., 5050 Federal Blvd. San Diego, CA.		CALIFORNIA LICENSE NUMBER F 1329	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; font-weight: bold;">FOR CORONER'S USE ONLY</p> <input type="checkbox"/> 10 DISPOSITION PENDING </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; 3751 Market Street; San Diego, CA.	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED N/A
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A <i>at Double Crypt - 12" deep to top</i> <i>Bottom</i>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/3/88 (ENTER DATE) 05/2/12	DATE PERMIT ISSUED DEC 1 1988
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Ramos, M.D., M.M.
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>[Signature]</i>
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 11-30-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Shelma Z. Witta
in a T.S. Vault Funeral date, time Nov 12/5 10:00

Church, Chapel, Graveside Chapel & Home Pacific Beach 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 98 Grave 28 Row _____ Section 4 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 320.00

Burial Container _____ 100.00 175.00

Handling Fees _____ 145.00 170.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____ 6.50 4.37

Total Due _____ 711.39

Paid receipt number 37129 60650

Balance due 0

*need P.R. 11:30
Bell Mortuary*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7774

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7774

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT THELMA LORRAINE WITTO		SEX FEMALE	DATE OF BIRTH JULY 2, 1913	DATE OF DEATH NOV. 29, 1988
PLACE OF DEATH—CITY OR TOWN SAN DIEGO		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) SAN DIEGO	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT ALYCE BUSCHMANN—SISTER	
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH 4710 CASS ST. PACIFIC BEACH MORTUARY—SAN DIEGO, CA 92109		CALIFORNIA LICENSE NUMBER 815	BOX 6 GREELEY, IOWA 52050	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">FOR CORONER'S USE ONLY</p> <input type="checkbox"/> 10 DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY—3751 MARKET ST.—SAN DIEGO, CA	COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED N/A
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF UNIDENTIFIED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Bellmer Reg. By F.D.	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>	SIGNATURE OF APPLICANT ▶
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/5/88 (ENTER DATE)	DATE PERMIT ISSUED DEC - 1 1988
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A	
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature]
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 37129



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 264-3151

Date: 12-28, 1988

From: H Canino Address: 5200 Carroll Canyon Rd

six hundred and 50/100 Dollars (\$ 606.50)

In Payment of Helma Vitto's Interment

Lot 98 Grave 26 Row _____ Section 4 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-7774

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

065586

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 JAN 09 1989

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
Books	77184	
Opening/ Closing	100	<u>320.00</u>
Burial	100	<u>100.00</u>
Containers	77182	
Handling Fee	100	<u>145.00</u>
Recording & Misc. Fees	77183	<u>35.00</u>
Pre-Need Trust	80333	
Trust	8022	
Sales Tax	80101	<u>6.50</u>
	78390	
TOTAL PAID	\$	<u>606.50</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

11/30/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Calla Morris

in a Double Crypt Vault/Linear Funeral, date, time Fri P.M. 12/2

Church, Chapel, Graveside Trinidad Mortuary, Hernandez

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 El Centro

Lot 103 Grave 4 Row _____ Section 4 Division Block 4

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Transfer from E-6666 Just

320.00

330.00

320.00

35.00

21.95

Total Due 1026.95

Paid receipt number Paid Just 354.20

37027 Balance due 582.80

F.R. Bungech

619-352-5661

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of authorized holder of deed

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7775

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7775

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT AKA Pauline Calla Cross Morris		SEX Female	DATE OF BIRTH May 30, 1894	DATE OF DEATH Nov. 29, 1988
PLACE OF DEATH—CITY OR TOWN El Centro		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Imperial		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Linda Johnson (Daughter)
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON AGING AS SUCH) Hens Brothers Mortuary 4075 So. 4th Street El Centro, CA		CALIFORNIA LICENSE NUMBER 1025	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 19 W. Agate; P.O. Box 146 Ocotillo, CA 92259	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">FOR CORONER'S USE ONLY</p> <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3850 Imperial Ave., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Blue Hill Park - Wooden	DATE CREMATED not listed	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Double Crypts on Bottom		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED DEC 1 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Lee Cottrell MD
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/3/88 (ENTER DATE) 103/14/14	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Geoyen Stitt	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH Imperial County Health Services 895 Broadway El Centro, CA 92243		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37027

Date: 12-2, 1988
 From: Ben's Brothers & Mortuary Address: 1975 South 4th St. El Centro, CA 92524
Five hundred eighty-seven dollars & 00/100 Dollars (\$ 587.80)
 In _____ Payment of Statement on Call Money - Sec

Lot 103 Grave 4 Row _____ Section 4 Division Block 4

Invoice No. _____
 Acct. No. _____
 W.O. E7775
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

26651

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 DEC 9 1988

ISSUED BY Block

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
	77183	
Sales Tax	63033	
	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>587 80</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 34578

E-7775

From Nancy LaSmith Address: 311 Parkmonte Mission, Toluca

Date: Apr 4 05-15, 1987

fifty dollar Dollars (\$ 50.00)

in art Payment of Gravel Trust deposit

Lot 103 Grave 4 Row _____ Section 4 Division 4 Block 4

Invoice No. _____

Acct. No. _____

W.O. E 16666

BALANCE DUE \$13.29

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THE SPACE

010800

CITY AUDITOR

MAY 21 1987

ISSUED BY B. King

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>56.00</u>
Trust	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>50.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 34715

E-7775

Date: 6-18, 1987

From: James D. Morris Address: 1126 Sierra Vista

In Thirty seven Dollars (\$ 37-)
 Payment of Personal Trust for Mrs J D Morris
James D.

Lot 103 Grave 4 Row _____ Section 4 Division Block 4

Invoice No. _____
 Acct. No. _____
 W.O. E-6666
 BALANCE DUE 1292.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	97007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>37-</u>
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>37-</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

ISSUED BY [Signature]

503

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

34158
 E-7775

Date: 8-21, 1987

From: James A. Morris Address: 1126 Lucia Vista, Castille

five hundred dollars Dollars (\$ 100.⁰⁰)
 In payment of burial trust on E-6666 & E-6667

Lot 103 54 Grave 46 Row _____ Section 47 Division Block 41

Invoice No. _____
 Acct. No. _____
 W.O. E-6666 & E-6667
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AG-212 (Rev. 11-86)

507

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Larry Ward

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	83093	<u>100</u>
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>100</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 35585
 E-7775

From James Morris Address P.O. Box 146, Castillo, CA 92009 Date: 1-21, 19 88
Sept, 1988 Dollars (\$ 50.00)
 in Payment of Pre-need Trust

Lot 103 Grave 4 Row 4 Section 4 Division 4
 Block 4

Invoice No. _____
 Acct. No. _____
 W.O. E-6666
 BALANCE DUE 1192.80

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 27 1988

007092

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
	77185	
	100	
	77183	
	63033	50 00
	6022	
	60101	
	78390	
TOTAL PAID	\$	50 00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

521

ISSUED BY

[Signature]

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 35757
 E-7775

From: Calla & James Morris Address: 1126 Tierra Vista, Orotello
 Date: 2-23, 1988
 In 50.00 dollars Dollars (\$ 50.00)
 Payment of Pre-need Trust

Lot 103 Grave 4 Row _____ Section 4 Division 4
 Block 4

Invoice No. _____
 Acct. No. _____
 W.O. E-6666
 BALANCE DUE 1192.80

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 26 1988

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Care	77184	
50% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	<u>50.00</u>
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>50.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

558

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 36731
 E-7775

From: Leida Johnson Address: P.O. Box 146, Acuña, CA Date: 4-19, 1988
one hundred no/100 Dollars (\$ 100.00)
 in Payment of Prepaid Trust for Della & James Morris
 Lot 103 Grave 4 Row _____ Section 4 Division 4 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-6666
 BALANCE DUE 1042.80

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR

APR 21 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	63053	<u>100.00</u>
	9022	
	80101	
	78390	
		<u>100.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

№ 36733
 E-7775

From Linda Johnson Address: 311 Ballantyne #4, El Cajon
fifty dollars net Dollars (\$ 50.00)
 in Payment of Preneed Trust

Date: 9-26 19 88

Lot 103 Grave 4 Row _____ Section 4 Division 4 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-6666
 BALANCE DUE 942.80

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR

SEP 29 1988

ISSUED BY Linda Johnson

CREDIT	67007	
20% Sales Tax	77184	
90% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	53033	<u>50.00</u>
Sales Tax	8022	
	60101	
	78380	
TOTAL PAID	\$	<u>50.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
599

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 36707
 E-7775

From: Mary Smith Address: 311 Ballantine #4, El Cajon Date: 9-21, 1988

fifty no/100 Dollars (\$ 50.00)
 In Payment of needed just for Valia Morris

Lot 103 Grave 4 Row _____ Section 4 Division Block 4

Invoice No. _____
 Acct. No. _____
 W.O. E-6666
 BALANCE DUE 992.80

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
606

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
SEP 29 1988

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
	77183	
Sales Tax	63033	<u>50 00</u>
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>50 00</u>

E 77 75

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

*Preneed
Trust
Deposit*

Date 05-15-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Calla P. Cross Morris & James L.

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 103 Grave 4 Row _____ Section 4 Division/Block 4

Grave space & Care Fund (1908) Preneed

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ 320 640⁰⁰

Burial Container Double Depth Crypt 330⁰⁰

Handling Fees 320⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee 2 @ 35 70⁰⁰

Sales taxes 19.80

Total Due 1379.80

Paid receipt number 34578 ✓ 50⁰⁰

Balance due 1329.80

05-15-87

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Margy Smith
Signature
311 Ballantynost #4
Address
EL Carlson Co 92020
State Zip Code
619 - 447-7714
Telephone

Work Order # E 6666
PR-593 (REV. 3-78)

Invoice # _____
Acct. # _____

Owner Card

06-18-87 34715

● 8-21-87 34958

132980
3700

129280
5000

124280

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 11-30-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Allen Remington in a Bell Liner Funeral, date, time Fri 12/3 12:00 Church, Chapel, Graveside Delaney Lewis Chl 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 132 Grave 4 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	<u>250.00</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>6.50</u>
Total Due	<u>856.50</u>
Paid receipt number <u>37010</u>	<u>600.00</u>
Balance due	<u>256.50</u>

Handwritten: Paid 1-19-89

I hereby certify I am the sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Kela L. Remington
Address 2804 C Garden Ct
Wheeler, Wa. 98388
State _____
Telephone 206-584-7535

Work Order # E 7776
FY-583 (REV. 8-85)

Invoice # _____
Acct # _____

W.O. # E-7776

NOTE

\$ 256.50 San Diego, California

11-30 19 88

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 sum of two hundred fifty six and 50/100 DOLLARS with interest from 1-30-88 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter 1, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PAYOR NAME RETA L. RAINWATER SIGNATURE Reta L. Rainwater

ADDRESS 2804 C GARDEN CT STELLACOOM, WA. 98388

~~WASH CALIF.~~ DRIVERS LIC. # RAINWRL499MF

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7774

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT ROBERT ALLEN RAINWATER	SEX male	DATE OF BIRTH July 25, 1953	DATE OF DEATH Nov 25, 1988
PLACE OF DEATH—CITY OR TOWN Borrego Springs	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Reta L. Rainwater - sister 2804 C Garden Ct. Steilacoom, Washington 98388	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104		CALIFORNIA LICENSE NUMBER F-480	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10 DISPOSITION PENDING </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery - San Diego, CA...3751 Market St.	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a Flat China - No Cover	DATE CREMATED 12/2/88
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a Bell Line	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/2/88 (DATE)	DATE PERMIT ISSUED DEC 02 1988
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH n/a	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Powell, M.D.
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37010

From: Peta Paenivote Address: 2840 Jordan Ct, Holliston Date: 11-30, 1988

In _____ Payment of Robert Allen Paenivote's Interment Dollars (\$ 600.00).

Lot 132 Grave 4 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. 8-7776

BALANCE DUE 256.50

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
DEC 9 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>50.00</u>
60% Sales of Lots	100	<u>200.00</u>
Opening/Closing	77181	<u>320.00</u>
Burial Containers	77182	<u>30.00</u>
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID		\$ <u>600.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-1-88

BOWIE

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthur Bowe

in a T.S. Vault Funeral date, time Max, 12/5 1:00

Church, Chapel, Graveside Chapel & Home City Crem & Burial Mortuary.

All funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW II

Lot 56 Grave 76 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 495.00

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 125.00

Handling Fees 170.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 11.37

Total Due 1206.37

Paid receipt number 37014 1206.37

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.

Mark L. Bowe
Signature
3634E 46th
Address
K.C. Mo. 64130
State Zip Code
861-9093
Telephone

Signature of recorded holder of deed _____

Work Order # E 7777

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

{ 7777

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT ARTHUR BOWIE		SEX Male	DATE OF BIRTH 10-23-1920	DATE OF DEATH 11-29-1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Walker Bowie - Son	
NAME AND ADDRESS OF CALIFORNIA CREMATION AND BURIAL CHAPEL (SUCH AS) 5602 El Cajon Blvd. San Diego, CA 92115		CALIFORNIA LICENSE NUMBER F 1357	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 6642 Radie Dr. San Diego, CA 92114	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED 12/5/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY Steele Sealow - Veteran
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A T.S. Vault -		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$ 4.00	DATE PERMIT ISSUED DEC 2 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donall E. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/5/88 (ENTER DATE) 5/12/2/11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37014

From: Walker Bowie Address: 3634 E. 46th Street, Los Angeles City
Twelve hundred six 37/100 Dollars (\$ 1206.37)
 In _____ Payment of Arthur Bowie's Interment

Let 56 Grave 6 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-7777
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
 CITY AUDITOR
 DEC 9 1988
 ISSUED BY Andrea West

CREDIT	57007	99.00
20% Sales Tax	77184	
80% Sales	100	396.00
of Lots	77184	
Opening/ Closing	100	320.00
Burial Containers	77182	175.00
Handling Fee	100	170.00
Recording & Misc. Fees	77183	35.00
Pre-Need Trust	63033	
Sales Tax	9022	11.37
	60101	
	78390	
TOTAL PAID	\$	1206.37

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 38178

Date: 6/22, 1987

From: Robert L. Bowie Address: 7729 Arcadia Dr. #4

one hundred thirty-five Dollars (\$ 135.00)

In Payment of marker installation for
Arthur Bowie

Lot 57 Grave 2 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 8-7777

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

837

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		<u>135.00</u>
Pre-Need Trust	83033	
9022		
Sales Tax	80101	
78380		
TOTAL PAID	\$	<u>135.00</u>

CITY AUDITOR

JUN 24 1989

MT. HOPE CEMETERY
INTERMENT ORDER

PA 106-3707

City of San Diego

Date 12/2/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rubio Catalan - P.A.

in a No Vault/Liner Funeral, date, time Mon - 11 AM 12/5

Church, Chapel, Graveside Dupoff; Major Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 128 Grave 2 Bottom Row _____ Section 1 Division/~~Room~~ 12

Grave space & Care Fund 55.00

Additional spaces and care fund P.A.

Opening/Closing & Setup 90.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 145.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

of Gary

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7778

Invoice # 097191
Acct. # 000752

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7778

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Rubio Hugo Catalan		SEX Male	DATE OF BIRTH March 7, 1958	DATE OF DEATH Found Sept. 30, 1988
PLACE OF DEATH—CITY OR TOWN San Marcos, San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT San Diego County Coroner	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Mayer Mortuary 2859 Adams Ave. San Diego, Ca.		CALIFORNIA LICENSE NUMBER Ca# 1424	5555 Overland Ave. San Diego, Calif. 92123	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input checked="" type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|---|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, Ca. 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A P.A. - No lines - on Bottom	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY [Signature]
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT _____ DATE SIGNED _____
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED DEC 02 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>12/5/88</u> <small>(ENTER DATE)</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE _____
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY:	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH _____		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-5-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Elsie Simpson
in a Walt Vault Funeral date, time Dec 12/9 11:00

Church, Chapel, Graveside Waltress Ch. Slophose 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 60 Grave _____ Row _____ Section 100F Division/Block 34

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 0

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 7779

Pr-883 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

31875
E 7779

NAME OF DECEDENT Elsie MacDonald Simpson		SEX Female	DATE OF BIRTH 10-9-1899	DATE OF DEATH 12-5-1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT PRENEED TELEPHASE: 6816 Dennison Street San Diego, CA 92122
PLACE OF DEATH—ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 1333 Camino del Rio S. #105, S. D. CA 92108		CALIFORNIA LICENSE NUMBER F-1272		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Crema Crematory 2299 S. Manchester Ave. Anaheim, CA	DATE CREMATED 12-6-88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Joch Boyer</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
----------------	--	--	--

ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <i>Rebecca S. Lopez</i>
			DATE SIGNED December 5, 1988

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED DEC 05 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Arnold & Brown</i>
-----------------	--	-------------------------------------	--	--

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/9/88 60 Leaf -34 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Leaven Stella</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
--	--	--	--

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A
--	--

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED 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 BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-5-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Albert Darling

in a Vault Funeral date, time Tues 12/6 2:00

Church, Chapel, Graveside Chapel #, Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. on regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 47 Grave _____ Row 4 Section 8 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 320.00

Burial Container Mortuary Proceed _____ 170.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____ 35.00

Total Due _____ 525.00

Paid receipt number _____

Balance due _____

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Wanda B. Darling

Address 13554 46th Dr.

State ARIZ. Zip Code 85365

Telephone 602-3421604

Work Order #
PY-693 (REV. 9-85)

E 7780

Invoice # 927136

Acct. # 121151

W.O. # 2-1780

NOTE

\$ 525.00 San Diego, California

Dec 5 19 58

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of five hundred twenty-five and 00/100 DOLLARS with interest from Dec 5 1958 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME Mrs Juanita P. Parkins SIGNATURE Mrs Juanita P. Parkins

ADDRESS 13554 46th Drive, Yuma, AZ 85365

AR CALIF. DRIVERS LIC. # 416 9541

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E 7780

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

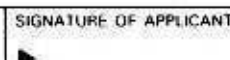
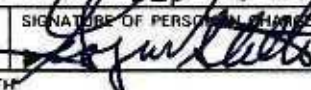

NAME OF DECEDENT Delbert Martin Darling		SEX Male	DATE OF BIRTH May 30, 1913	DATE OF DEATH Dec. 1, 1988
PLACE OF DEATH—CITY OR TOWN Yuma	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Yuma, Arizona		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Juanita Darling-Wife	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Greenwood Mort. 1-805 & Imperial, San Diego, CA.		CALIFORNIA LICENSE NUMBER F-843	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 13554 46th Drive Yuma, Arizona 85364	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

1. BURIAL (INCLUDES ENTOMBMENT) 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
2. CREMATION AND BURIAL (INCLUDES INURNMENT) 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
4. SCIENTIFIC USE

FOR CORONER'S USE ONLY

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt Hope Cemetery, 3851 Market Street, San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Vault - T.S. - Witnessed by family	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Wooden Venier		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT  DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED DEC 05 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON Dec 4 1988	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/O	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
077136	12/12/88	028431	JUANITA P. DARLING						01/06/89	CK	527	525.00	525.00	0.00
				100	072		77181	000072				320.00		
				100	072		77183	000072				35.00		
				100	072		77185	000072				170.00		

8-780

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-5-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Oliver P. Warren

in a Bell Service Vault/Liner Funeral date, time 12/9 Fri 2:00

Church, Chapel, Graveside Chapel & Home, Rossdale 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 46 Grave 1 Row _____ Section 17 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____

Total Due _____ 35.00

Paid receipt number 37086 35.00

Balance due 0

*Mortuary orders
will check*

*Increased
to 2263*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of dead _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7781

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7781

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Olivia "R" Warren		SEX Female	DATE OF BIRTH July 25, 1911	DATE OF DEATH Dec. 3, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Carl Warren - Husband	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mort.: 5050 Federal Blvd San Diego, CA 92102		CALIFORNIA LICENSE NUMBER F 1329	529 Olivewood Terrace San Diego, CA 92113	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Metal-	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Bellview		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED DEC 6 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/9/88 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Ramos, M.D.M.M.	
	46/11/17/17	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH San Diego Co. Dept. of Health Services P. O. Box 85222 San Diego, CA 92138-5222		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37086

Date: 12-9 1988

From: Warren - Pasadena Address: 2550 Federal Blvd, SD

thirty-five 10/100

Dollars (\$ 35.00)

In _____ Payment of Recording fee for Clara Warren

Lot 46 Grave 1 Row _____ Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. 2-7781

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

3013

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67003	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77164	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	60033	
	6022	
	80101	
	76390	
TOTAL PAID	\$	<u>35.00</u>

CITY AUDITOR
 DEC 14 1988

35.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

P.A. 10 64002

Date 12/5

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Aubrey Sullivan

in a None Vault/Urner Funeral, date, time 12-9 2:00 pm

Church, Chapel, Graveside Witness only: Conrad Mortuary. (no set up)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

✓ Lot 128 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund Top of A.D. 55.00

Additional spaces and care fund _____

Opening/Closing & Setup 90.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 145.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7782

PV-583 (REV. 6-86)

Invoice # 078219
Acct # 00782

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7782

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT AUBREY LELAND SULLIVAN		SEX Male	DATE OF BIRTH Aug. 24, 1911	DATE OF DEATH Dec. 5, 1988
PLACE OF DEATH—CITY OR TOWN La Mesa		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT San Diego Co. Public Admin. 5201-A Ruffin Road San Diego, CA 92123	
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH Confed Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 92045		CALIFORNIA LICENSE NUMBER F 941		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10 DISPOSITION PENDING </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA 92102	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Top of Double Deep	DATE CREMATED 12/9/88
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A No Inter	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DATE PERMIT ISSUED DEC 8 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Ramos, M.D.
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/9/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Leoyew [Signature]
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-6-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Doe 88-1051
in a _____ Vault/Liner Funeral date, time Wed 12/7 11:30

Church, Chapel, Graveside Deliver Only - Barge - Labeta 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 170 Grave 11M Row _____ Section 1 Division/Block 12

Grave space & Care Fund Center of triple - 55.00

Additional spaces and care fund _____

Opening/Closing & Setup 90.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 145.00

Paid receipt number _____

Balance due _____

P.A. 1063936

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 # 077179

Acct. # 000752

Work Order # E 7783

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7783

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT JOHN DOE CO#88-1051	SEX Male	DATE OF BIRTH Unk.	DATE OF DEATH FOUND May 13, 1988
PLACE OF DEATH—CITY OR TOWN San Ysidro	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT San Diego County Coroner 5555 Overland Avenue San Diego, California 92123	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) BERSH-ROBERTS MORTUARY 607 National City Blvd.		CALIFORNIA LICENSE NUMBER F-284	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market St., San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A In Middle of Triple	DATE CREMATED N/A
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A No line - no bell - sandspit	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Particle Board - flat chine - Plastic handles	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT [Signature]
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/7/88 (ENTER DATE)	DATE PERMIT ISSUED DEC 07 1988
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Roman, M.D. Co.
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-6-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jane Doe 88-1835
in a _____ Vault/Line Funeral date, time Wed 12/7 11:30

Church, Chapel, Graveside Delaney Ave Bergs Robert Mortuary.

All Funeral cars must arrive before 3:30 p.m. on regular work day or an extra charge will be applied
and billed to undersigned. War time veteran Man 12/12/100

Lot 170 Grave 11-10P Row _____ Section 1 Division/Block 12

Grave space & Care Fund 55.00

Additional spaces and care fund _____

Opening/Closing & Setup 90.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 145.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # [REDACTED]

Acct. # [REDACTED]

Work Order # E 7784

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7784

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <p style="text-align: center;">---- Doe CCF88-1835</p>	SEX <p style="text-align: center;">Female</p>	DATE OF BIRTH <p style="text-align: center;">--</p>	DATE OF DEATH FOUND <p style="text-align: center;">Aug. 28, 1988</p>
PLACE OF DEATH—CITY OR TOWN <p style="text-align: center;">San Diego</p>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <p style="text-align: center;">San Diego</p>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <p style="text-align: center;">San Diego County Coroner 5555 Overland Avenue San Diego, CA 92123</p>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <p style="text-align: center;">NEENE-ROBERTS MORTUARY National City, CA 507 National City Blvd.</p>		CALIFORNIA LICENSE NUMBER <p style="text-align: center;">F-284</p>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 6. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 10. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <p style="text-align: center;">Mount Hope Cemetery 3751 Market St., San Diego, CA</p>	COUNTY <p style="text-align: center;">San Diego</p>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <p style="text-align: center;">N/A</p>	DATE CREMATED <p style="text-align: center;">N/A</p>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <p style="text-align: center;">Flat China - no Cover N/A</p>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <p style="text-align: center;">no name - on top</p>	
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>	SIGNATURE OF APPLICANT <p style="text-align: center;">▶</p>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <p style="text-align: center;">\$4.00</p>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DATE PERMIT ISSUED <p style="text-align: center;">DEC 1 2 1988</p>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <p style="text-align: center;">Ronald L. Ramos, M.D.</p>
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>12/12/88</u> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <p style="text-align: center;">Leopoldo...</p>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <p style="text-align: center;">N/A</p>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-6-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Stanley Kess

in a _____ Vault/Liner Funeral, date, time Wed 12/7 2:00

Church, Chapel, Graveside Deliver Only; Calif Crem 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 170 Grave 11 Row on Bottom of 3 Section 1 Division/Block 12

Grave space & Care Fund Bottom of triple - 6 ft 55.00

Additional spaces and care fund _____

Opening/Closing & Setup 90.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 145.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7785

PY-583 (REV. 8-85)

Invoice # 077777

Acct # 00052

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7785

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT STANLEY WAYNE KERR		SEX Male	DATE OF BIRTH 7-16-64	DATE OF DEATH 11-25-1988
PLACE OF DEATH—CITY OR TOWN Borrego Springs		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Public Administrator 5201 A Ruffin Rd. San Diego, CA 92123	
NAME AND ADDRESS OF CALIFORNIA CEMETERY AND BURIAL CHAPEL (OR PERSON ACTING AS SUCH) 5602 El Cajon Blvd. San Diego, CA 92115		CALIFORNIA LICENSE NUMBER F 1357		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 10 DISPOSITION PENDING |
|--|---|---|

FOR CORONER'S USE ONLY

10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery- 3751 Market St. -San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED N/A
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT [Signature]
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/7/88 (ENTER DATE)	DATE PERMIT ISSUED DEC 6 1988
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature]
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date

12/7/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Howard Ogden

in a Bell Service Funeral date, time Fri 10Am - 12/9

Church, Chapel, Graveside Chapel - 85; Hempshire Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 114 Grave — Row — Section 1 Division/Block 8

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number 37069

Balance due 0

I hereby certify I am the Grand daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Barbara L. Alvina

Address 2723B Match Pt. Dr.

Address Poway, CA 92064

State 748-4205 Zip Code

Telephone

Telephone

Invoice #

Acct. #

Work Order # E 7786

PY-593 (REV. 6-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7786

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT WILLIAM HOWARD OGDEN		SEX Male	DATE OF BIRTH Nov. 09, 1902	DATE OF DEATH Dec. 06, 1988
PLACE OF DEATH—CITY OR TOWN Chula Vista		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Barbara Oliveira (Granddr.) 14238 Match Point Drive Poway, CA 92064
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON CHARGING IN SUCH CAPACITY) Ransprey Chula Vista Mortuary—877 Broadway Chula Vista, CA			CALIFORNIA LICENSE NUMBER F-964	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> 10 DISPOSITION PENDING |
|--|---|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Metal-Non Sealer-	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Bell Point		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED DEC 08 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Ramos M.D. Co.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37069

Date: 12/7/88, 1988

From: Barbara Clewair Address: 677 S. St - Ep 2 - Chula Vista 92010

Therese Dwyer Dollars (\$ 35⁰⁰)

In full Payment of Recording fee + office fee on
Interment of Howard Ogden - Dec

Lot 114 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-7786

BALANCE DUE 0

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

2303

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

[Signature]

ISSUED 12/7/88

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>35⁰⁰</u>

CITY AUDITOR
DEC 7 2 1988

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 12/7/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emily A. Jenkins in a Double Crypt Funeral, date, time Fri - 11Am - 12/9 Church, Chapel, Graveside Church - 45; Ingdale 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 100 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	.....	<u>495⁰⁰</u>
Additional spaces and care fund	..... <u>Double Crypt</u>	
Opening/Closing & Setup	.....	<u>320⁰⁰</u>
Burial Container	.....	<u>330⁰⁰</u>
Handling Fees	.....	<u>320⁰⁰</u>
Flower vases - Marker setting fee	.....
Recording and filing fee	.....	<u>35⁰⁰</u>
Sales taxes	.....	<u>2145</u>
Total Due		<u>1521.45</u>

Handwritten: Paid 1-19-89

Paid receipt number _____

Balance due _____

I hereby certify I am the Executant & Trustee of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Charles E. Jenkins
Signature
77133 PETER PAN AVE
Address
CALIF 92114
State
262-7425 Zip Code
Telephone

Work Order # E 7787

Invoice # 278027
Acct. # _____

W.O. # E-7787

NOTE

\$ 1521⁴⁵ San Diego, California

Dec 7 19 88

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Fifteen hundred twentyone & 45/100 DOLLARS with interest from Nov. 10, 1989 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME _____

SIGNATURE x Charles E. Jenkins

ADDRESS _____

CALIF. DRIVERS LIC. # _____

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7787

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT EMILY ADA JENKINS		SEX Female	DATE OF BIRTH Feb. 16, 1937	DATE OF DEATH Dec. 7, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Charles Jenkins - Husband 7133 Peter Pan Ave. San Diego, CA 92114		
NAME AND ADDRESS OF FUNERAL DIRECTOR, (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, CA		CALIFORNIA LICENSE NUMBER F 1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input checked="" type="checkbox"/> 4 SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY

10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A <i>Bottom of Crypt</i>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT	
			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED DEC 9 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramon, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>12/9/88</u> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Leoy... [Signature]</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH San Diego, Dept. of Health Services P.O. Box 85222 San Diego, CA 92138-5222			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

1/23

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
254-3151

No 37238



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 1-19 1989

From: Charles Jenkins's Address: 7133 Peter Pan Ave, SD
fifteen hundred twenty-one 45/100 Dollars (\$ 1521.45)
In _____ Payment of Charles Jenkins's Interment

Lot 100 Grave 6 Row _____ Section 2 Division 12
Block _____

Invoice No. 078227
Acct. No. 028715
W.O. 2-7787
BALANCE DUE 0

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Andrea [Signature]

CREDIT	67007	CITY AUDITOR
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	JAN 23 1989
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	
Sales Tax	9022	
TOTAL PAID	80101	
	78380	
		1521.45

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Funeral

Date 12-9-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bob Taylor

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 41 Grave 6 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 300.00

Additional spaces and care fund

Opening/Closing & Setup 390.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 71.37

Total Due 1011.37

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 7788**

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E-7788
 No 37124

Date: 12-27- 1988

From: Ed B. Taylor Address: 4944 Manomet St. S.D. CA 92113

Eighty-four dollars and ⁰⁰/₁₀₀ Dollars (\$ 84.00)

In part Payment of Preneed Trust and Lot.

Lot 41 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 7781

BALANCE DUE 927.37

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR

7 JAN 09 1989

ISSUED BY W.J. Teague

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	84 -
Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	62033	
Trust	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	84 -

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 37278

From: Ed. Taylor Date: 2-1 1989
 Address: 4944 Monmouth St, SD

In Receipt Payment of coupon 374 Dollars (\$ 84.00)
Pre-need lot 7 Trust

Lot 41 Grave 6 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7708

BALANCE DUE 843.37

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 FEB 06 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	84.00
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	50101	
	78390	
TOTAL PAID	\$	84.00

OFFICIAL RECEIPT

№ 37393

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

From: Ed Taylor Address: 4944 Marmonet St, STS Date: 2-27 1989
eighty four no/100 Dollars (\$) 84.00
In Payment of coupon 546 - Credit

Lot 41 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____
Acct. No. _____
W.O. 2-7788
BALANCE DUE 759.37

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CITY AUDITOR
MAR 06 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>12.00</u>
80% Sales of Lots	100	<u>72.00</u>
Opening/Closing	100	
Burial Containers	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	63033	
	9022	
	60101	
	76390	
TOTAL PAID		<u>84.00</u>

See

OFFICIAL RECEIPT

No 37573



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 4/3/89 19

From: Ed B Taylor Address: 4944 in a row LD 92113
Eightyfour and no
In SP Payment of Coupon # 778 Dollars (\$ 84⁰⁰)
Sweet

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____
Acct. No. _____
W.O. E-7788
BALANCE DUE 675.37

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87) Cash

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE
CITY AUDITOR
APR 05 1989
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	84 ⁰⁰
Opening/Closing	77184	
Burial Containers	100	
	77181	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	
	78320	
TOTAL PAID	\$	84 ⁰⁰

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 37710

Date: 4-27, 1989

From: Ed B Taylor Address: 4944 Marcomet St, S

rights - paid 2/21/05 Dollars (\$ 84.00)
 In Payment of Coupon 9810 Cred Let

Lot 41 Grave 6 Row _____ Section 2 Division 11
 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-7788
 BALANCE DUE 547.37

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	63033	<u>84.00</u>
	9022	
	60191	
	78390	<u>84.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

CITY AUDITOR
 MAY 01 1989

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7788

Preneed Trust
& Lot

Ed B. Taylor
4944 Manomet Street
San Diego, Ca 92113

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
10											

Amount due when paid on, or before,
due date above.

▶ \$ 42.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ 43.00

Amount Received

\$ 42.00

NAME Ed B. TAYLOR

ADDRESS H944 MANOMET ST.

CITY SAN DIEGO STATE CA ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7788

Preneed Trust
& Lot

Ed B. Taylor

4944 Manomet Street

San Diego, Ca 92113

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
10)											

Amount due when paid on, or before,
due date above.



\$ 42.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 43.00

\$ _____

Amount Received

\$ 42.00

NAME Ed B. TAYLOR

ADDRESS 4944 MANOMET ST.

CITY SAN DIEGO STATE CA ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7788**

**Preneed Trust
& Loan**

**Ed B. Taylor
4944 Manomet Street
San Diego, Ca 92113**

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
10											

Amount due when paid on, or before,
due date above.



\$ 42.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

NAME Ed B TAYLOR

Amount Received

\$ 42.00

ADDRESS 4944 MANOMET ST

CITY S.D. STATE CA ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7788

Preneed Trust
& Lot

Ed B. Taylor
4944 Manomet Street
San Diego, Ca. 92113

Money and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
10											

Amount due when paid on, or before,
due date above.



\$ 42.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$

NAME Ed B TAYLOR

Amount Received

\$ 42.00

ADDRESS 4944 MANOMET ST

CITY S. D. STATE CA ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7788

**Preneed Trust
& Loan**

**Ed B. Taylor
4944 Manomet Street
San Diego, Ca 92113**

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
10										X	

Amount due when paid on, or before,
due date above.

▶ \$ 42.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ _____

Amount Received

\$ 42.00

NAME Ed B. TAYLOR

ADDRESS 4944 MANOMET ST

CITY S.D. STATE CA ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7788

Preneed Trust
& Lot

Ed B. Taylor

4944 Manomet Street

San Diego, Ca 92113

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
10									X		

Amount due when paid on, or before,
due date above.

\$ 42.00

Amount due if paid more than 10 days
after due date above.

\$ 1.00

\$ _____

Amount Received

\$ 42.00

NAME Ed B. TAYLOR

ADDRESS 4944 MANOMET ST-

CITY S. D.

STATE CA ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7788

**Preneed Trust
& Log**

**Ed B. Taylor
4944 Manomet Street
San Diego, Ca 92113**

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
10										X	

Amount due when paid on, or before,
due date above.



\$ 42.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

*42.00
Cash*

\$ _____

Amount Received

\$ 42.00

NAME ED B. TAYLOR

ADDRESS 4944 MANOMET ST.

CITY S. D. STATE CA ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7788

**Preneed Trust
& Lot**

Ed B. Taylor

4944 Manomet Street

San Diego, Ca 92113

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
10					X	X	X	X	X	X	

Amount due when paid on, or before,
due date above.



\$ 42.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

*42.00
Cash*

\$ _____

Amount Received

\$ 42.00

NAME Ed B. TAYLOR

ADDRESS 4944 MANOMET ST-

CITY S. D.

STATE CA. ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7788**

**Preneed Trust
& Log**

**Ed B. Taylor
4944 Manomet Street
San Diego, Ca 92113**

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
10											

Amount due when paid on, or before,
due date above.

▶ \$ **42.00**

Amount due if paid more than **10** days
after due date above.

▶ \$ **1.00**

\$ _____

Amount Received

\$ **42.00**

NAME **Ed B. TAYLOR**

ADDRESS **4944 MANOMET ST**

CITY **S-D.** STATE **CA** ZIP **92113**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7788

**Preneed Trust
& Lot**

Ed B. Taylor

4944 Manomet Street

San Diego, Ca 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
10					X	X	X	X	X	X	

Amount due when paid on, or before,
due date above.



\$ **42.00**

10

Amount due if paid more than _____ days
after due date above.



\$ **1.00**

\$ _____

NAME

Ed B. Taylor

Amount Received

\$ **42.00**

ADDRESS

4944 MANOMET ST.

CITY

S.D.

STATE **CA**

ZIP **92113**

check (✓) if this is new address

NAME Taylor, Ed B.

ACCT. NO. E-7788

ADDRESS 4944 Manomet Street, San Diego, Ca 92113

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
1	88 Lot 41, Grave 6, Section 2, Division 11 <i>paid</i>	300 00			
	Preneed Trust - Opening/Closing, Top Seal	711 37			1011 37
	Vault and Recording Fee				
12-27	88 Coupon # 1 & 2			8400	927 37
2-1	89 Coupon 3 & 4 Receipt 37278			8400	843 37
2-27	89 Coupon 5 & 6 Receipt 37393			8400	759 37
4-3	89 Coupon 7 & 8, Receipt 37573			8400	675 37
4-27	89 Coupon 9 & 10, Receipt 37710			8400	59 137

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego ✓

Date 12-9-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mary Alice Smith

in a Bellvue Vault/Linear Funeral, date, time Sat 12/10 11:00

Church, Chapel, Graveside Graveside; Boysdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 92 Grave 9 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Spec Single Depth 250.00

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container Prim Bell Linear Casket 100.00

Handling Fees Labor 145.00

Flower vases - Marker setting fee

Recording and filing fee 65.00

Sales taxes 6.50

Sat. O.T.

Total Due 856.50

380.00

1236.50

1236.50

Paid receipt number 37084

Balance due 1236.50

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Theresa J. Smith

Signature 4221 W. 61st Street

Address Los Angeles, CA 90043

State (213) 291-8896 Zip Code

Telephone _____

Work Order # E 7789

PR-593 (REV. 5-88)

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7789

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Mary Alice Smith	SEX Female	DATE OF BIRTH August 20, 1914	DATE OF DEATH Found: December 7, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Willie J. Settle - Son 4221 W. 61st Street Los Angeles, Calif.	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER F1329	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street San Diego		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED 12/10/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY Clothouse - Ballwin
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED DEC 9/1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/10/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Deeyou Smith	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Ramos, M.D. hm
			LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37084



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: Dec 9, 1988

From: Wilbert J. Sattler Address: 4221 W. 61st St Los Angeles - 90043

In full Payment of interment of and for Mary Alice Smith the
Sat Burial Dollars (\$ 1236.50)

Lot 92 Grave 9 Row 2 Section 2 Division 11

Invoice No. _____
Acct. No. _____
BALANCE DUE _____

E7789
W/O.

~~F7789~~

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1721

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184	50	00
50% Sales of Lots	100	200	00
Opening/Closing	100		
Burial Containers	77181	100	00
Handling Fee	100		
Recording & Misc. Fees	77183	50	50
Pre-Need Trust	63033		
Sales Tax	9022		
	80101	6	50
	78390		
TOTAL PAID		1236	50

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-9-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Susan Thompson

in a _____ Vault/Liner Funeral date, time Tues 12/13 11:00

Church, Chapel, Graveside Delwin Holy Feather Vigil 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 121 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 55.00

Additional spaces and care fund

Opening/Closing & Setup 90.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number 145.00

Balance due _____

P.A. 1064304

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 7790
PY-593 (REV. 8-85)



PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

E 7790

NAME OF DECEDENT SUZANNE MARIE PARKER THOMPSON		SEX female	DATE OF BIRTH Apr. 24, 1960	DATE OF DEATH Fd. Oct. 30, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT San Diego County Coroner 5555 Overland Avenue San Diego, California 92123	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) FEATHERINGILL MORTUARY, 6322 El Cajon Blvd.		CALIFORNIA LICENSE NUMBER 1083		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10 DISPOSITION PENDING </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St., San Diego, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED DEC 12 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>12/13/88</u> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/9/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Chinese Benev. Assn.

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 _____

✓ 146 - 7th 12 -
Lot 147 Grave 7-8-12 Section 2 Division/Block 11

148 7th 12 Grave space & Care Fund 150 @ 300⁰⁰ ~~4500⁰⁰~~

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 4500⁰⁰

Paid receipt number 37088 4500⁰⁰

Balance due 0

*Special Property for
Assn. - They ask for
Burial*

*Space & Care
only*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature [Signature] 9/2/88

Address _____

State _____

Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7791
PR-503 (REV. 8-85)

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 37088



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: Dec 9, 1988

From: Chinise Boxer, Mrs Address: San Diego Ca
Fortune Hundred and 700 Dollars (\$ 4500⁰⁰)
In Paul A. Kelly Payment of 15 spaces + Care fund -

Lot 144 Grave 7-8-12 Row 7-12 Section 2 Division 11

Invoice No. 144
Acct. No. _____
W.O. F-7791
BALANCE DUE _____

PAID FOR PURPOSE STATED UNLESS STAMPED
PAID IN THIS SPACE

ISSUED BY Raymond [Signature]

CREDIT	87007	
20% Sales Care	77184	<u>900 00</u>
80% Sales of Lots	100	<u>3600 00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	9022	
TOTAL PAID	78380	<u>4500 00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AG-212 (Rev. 10-87) 003663
M. Christman

CITY AUDITOR
DEC 14 1988

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need

Date Dec 9, 1988

You are hereby authorized and instructed, subject to your rules and regulations to inter the remains

of Harold T. Arlath & Wells

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran no

Lot 95 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund for Double Crypt - 495.00

Additional spaces and care fund for Harold & Wife -

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 495.00

Paid receipt number 37089 495.00

Balance due 0

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.

x Arlath & Wells

x Harold T. Wells

Signature 6375 BELLE GLADE AVE

Address SAN DIEGO CA 92119

City 463-1666 Zip Code

Telephone

Signature of recorded holder of deed _____

Work Order # E 7792

Invoice # _____

Acct. # _____

304

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37089



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 12/9/88, 1988

From: Harold & Cynthia Wells Address: 6375 Belk Blvd - P.D. 92119

Four Hundred ninety five and no/100 Dollars (\$ 495⁰⁰/₂)

In full Payment of Interment Space and End. Can
Can use Double Crypt.

Lot 95 Grave 11 Row — Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7792

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 2691

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	<u>99 00</u>
90% Sales	100	
of Lots	77184	<u>396 00</u>
Opening/ Closing	100	
Burial	77184	
Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>495 00</u>

CITY AUDITOR
DEC 14 1988

Mt. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Trust deposit

Pu-need

Date 12/9/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Harold T. Orletha S. Wells

in a Double Crypt Vault/Cher 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 95 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Double Crypt to go in _____

Additional spaces and care fund (3) Sec. Fund _____

Opening/Closing & Setup 320⁰⁰ 320⁰⁰

Burial Container Double Crypt 330⁰⁰ 330⁰⁰

Handling Fees labor fee 320⁰⁰ 320⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee 35⁰⁰ 35⁰⁰

Sales taxes 21.45

60⁰⁰ - mo for 22 mo
61.45 for 1 mo. - 1st.

Total Due \$ 355.00 1026.45

Pay Rec - Jan 10, 1989

Paid receipt number DN T.P. -> 138145

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.

x Orletha S. Wells
Signature

Signature of recorded holder of deed _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7793
FY-693 (REV. 8-86)

OFFICIAL RECEIPT

No 37204



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

From: Arletha Wells Address: 6375 Belle Glade Avenue
San Diego - one 45/100 Date: 1-9 1987
 In Payment of Coupon 1 purchased Trust Dollars (\$ 61.45)

Lot 95 Grave 11 Row _____ Section 2 Division 12
 Block 12

Invoice No. _____
 Acct. No. _____
 W.O. B-7793
 BALANCE DUE 1320

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

2739

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Andra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
Burial Containers	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	60033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>61.45</u>

CITY AUDITOR
 JAN 21 1987
 61.45

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37362

Date: 2-13 19 89

From: Arletta D. Wells Address: 46395 Belle Meade, SD

Eight dollars 10/100 Dollars (\$ 60.00)

In 1 Payment of coupon 2 Trust

Lot 75 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7793

BALANCE DUE 1260.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

2716

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>60.00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>60.00</u>

CITY AUDITOR
 FEB 21 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37517

From: Melba Wells Address: 6375 Bella Linda Dr Date: 3-15, 1989
Suite 22/100
 In Payment of coupon 3 Pre-need Trust Dollars (\$ 60.00)
 Lot 95 Grave 11 Row _____ Section 2 Division 12 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7793
 BALANCE DUE 120.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

2857

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 MAR 20 1989

ISSUED BY Melba Wells

CREDIT	57007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Final	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	65033	<u>60.00</u>
Trust	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>60.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37656

Date: 4-10 1989

From: Walter Webb Address: 6275 Della Trade Ave, SD

11th - no/100 Dollars (\$ 60.00)
 in Payment of Camp 4 Burial Trust

Lot 95 Grave 11 Row 2 Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-1793
 BALANCE DUE 1140.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
CITY AUDITOR
APR 17 1989
 ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
90% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>60 00</u>
Sales Tax	8022	
	80101	
	78390	
TOTAL PAID	\$	<u>60 00</u>

2897

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 37782

Date: 5-8, 1989

From: Arletta Wells Address: 6375

In 5th Payment of coupon 5, Pierced Trust Dollars (\$ 60.00)

Lot 95 Grave 11 Row Section 2 Division 12

Invoice No.

Acct. No.

W.O. E-7793

BALANCE DUE 1080.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 2933

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	53033	<u>60.00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>60.00</u>

CITY AUDITOR
 MAY 12 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

102 38110

From: Harold Wells Address: 6375 Belle Glade Ave Date: 6-5 19 89
Septy no/100
 In _____ Payment of Wagon 6 Penced Trust Dollars (\$ 60.00)

Lot 75 Grave 11 Row _____ Section 2 Division 12
 Block 12

Invoice No. _____
 Acct. No. _____
 W.O. 2-7793
 BALANCE DUE 1020.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 JUN 09 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	83033	<u>60.00</u>
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>60.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 38273

From: Leatha Wells Address: 6375 Sibley Road, San Diego, CA 92110 Date: 7-10, 1989
 In Sixty Payment of Amount 7 Pre-need Trust Dollars (\$ 60.00)
 Lot 95 Grave 11 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7793
 BALANCE DUE 960.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

2044

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	CITY AUDITOR
Opening/Closing	77181	
Burial Containers	100	JUL 14 1989
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>60.00</u>
Sales Tax	9022	
	60101	
	76390	
TOTAL PAID	\$	<u>60.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 38335

Date: Aug. 1, 1989

From: Arletta Wells Address: 6375 Bella Glorita Ave.

In Sixty Dollars (\$ 60.00)
 in part Payment of Princed Trust Coupon 8

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____
 Acct. No. _____
 W.O. 5-7793
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY R. J. [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>60</u>
	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>60</u>

CITY AUDITOR
 AUG 07 1989

3088

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No. 37925

Date: 9-11, 1989

From: Harold Wells Sr Address: 6375 Belle Glade Ave San Diego 92119
Sixty Dollars & no/100 Dollars (\$ 60.00)
 In PAID Payment of PRE-NEED TRUST Coupon # 9

Lot 95 Grave 11 ~~11~~ Section 2 Division 12

Invoice No. E 7793

Acct. No. E 7793

W.O. _____

BALANCE DUE 840.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

3154

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Sally Smart

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	83033	
Sales Tax	9022	
	80101	
	75390	
TOTAL PAID	\$	<u>60 00</u>

CITY AUDITOR

SEP 18 1989

60 00

60 00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 38023

Date: 10-9, 1989

From: Melba D. Nells Address: 1375 Bell Trade Circle SD

Four hundred, eighty dollars Dollars (\$ 760.00)

In _____ Payment of 2 months' Ground Service

Lot 95 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7793

BALANCE DUE 60.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 3209 +
troubled

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	63033	<u>760.00</u>
	9022	
	60101	
	78390	
		<u>760.00</u>

CITY AUDITOR
 OCT 16 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No. 38038

Date: 10-10, 1989

From: Walter S. White Address: 6375 Kelle Road Ave, SD

Seventy dollars 20/100 Dollars (\$ 60.00)

In Payment of couper 10 final payment
of lot and 2 burial services

Lot 95 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 27793

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

3201

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>60.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>60.00</u>

CITY AUDITOR
 OCT 6 1989

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7793

Preneed Trust

Harold T. & Arletha D. Wells

6375 Belle Glade Avenue

San Diego, Ca 92119

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
10											

Amount due when paid on, or before,
due date above.



\$ 61.45

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 62.45

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7793 Preneed Trust
Harold T. & Arletha D. Wells
6375 Belle Glade Avenue
San Diego, Ca 92119

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
10											

Amount due when paid on, or before,
due date above.



\$ 60.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 61.00

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7793

Preneed Trust

Harold T. & Arletha D. Wells

6375 Belle Glade Avenue

San Diego, Ca 92119

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
10											

Amount due when paid on, or before,
due date above.



\$ 60.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7793** **Preneed Trust**
Harold T. & Arletha D. Wells
6375 Belle Glade Avenue
San Diego, Ca 92119

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
10											

Amount due when paid on, or before,
due date above.

\$ 60.00

Amount due if paid more than 10 days
after due date above.

\$ 1.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7793**

Preneed Trust

Harold T. & Arletha D. Wells

6375 Belle Glade Avenue

San Diego, Ca 92119

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
20											

Amount due when paid on, or before,
due date above.



\$ 60.00

Amount due if paid more than ~~10~~ days
after due date above.



\$ 1.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring any coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7793** **Preneed Trust**
Harold T. & Arletha D. Wells
6375 Belle Glade Avenue
San Diego, Ca 92119

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
10											

Amount due when paid on, or before,
due date above.



\$ 60.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY STATE ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7793

Preneed Trust

Harold T. & Arletha D. Wells

6375 Belle Glade Avenue

San Diego, Ca 92119

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	IAN	FEB	MAR	APR	MAY	JUN
30											

Amount due when paid on, or before,
due date above.

\$ **60.00**

Amount due if paid more than **10** days
after due date above.

\$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

8

DO NOT MAIL ENTIRE BOOK →

ACCOUNT No. **E-7793** **Preneed Trust**
Harold T. & Arletha D. Wells
6375 Belle Glade Avenue
San Diego, Ca 92119

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
10											

Amount due when paid on, or before,
due date above.



\$ **60.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7793**

Frensed Trust

Harold T. & Arbeta D. Wells

6375 Belle Glade Avenue

San Diego, Ca 92119

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
30											

Amount due when paid on, or before,
due date above.

\$ 60.00

Amount due if paid more than **10** days
after due date above.

\$ 1.00

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **K-7793** **Pronged Trust**

Harold T. & Arletha D. Wells

6375 Belle Glade Avenue

San Diego, Ca 92119

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
10											

Amount due when paid on, or before,
due date above.



\$ **60.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

check (✓) if this is new address

MT HOPE CEMETERY
INTERMENT ORDER

City of San Diego ✓

Date 12/12/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of James Chester Hicks

in a Topland Concrete Vault Funeral, date, time Fri-2PM 12/16

Church, Chapel, Graveside Chapel & S.S. Rosedale 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 N.Y. Army - World War

Lot 8 Grave 4 Row — Section 1 Division/~~Block~~ 11

Grave space & Care Fund Single dept. - 495⁰⁰

Additional spaces and care fund None

Opening/Closing & Setup 320⁰⁰

Burial Container Concrete Vault 175⁰⁰

Handling Fees labor 170⁰⁰

Flower vases - Marker setting fee (H.I. Brown - 135⁰⁰)

Recording and filing fee 35⁶⁰

Sales taxes 11³¹

Total Due 1206³⁷

Paid receipt number 37091 1206³⁷

Balance due 0

PAID
DEC 14 1988
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X
Signature James Chester Hicks
Address 516 E. Elizabeth St
State CA Zip Code _____
Telephone 619-264-3345

Work Order # E 7794

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37091

Date: 12/12/88, 1988

From: Chester A. Hicks Address: 516 Elizabeth - S.D. 92113

In full Payment of Twelve Hundred and 37/100 Dollars (\$ 1206³⁷/₁₀₀)

Payment of Interest of and for James Chester Hicks second

Lot 8 Grave 4 Row --- Section 1

DEF. DIVISION
Black 1/11/1988

Invoice No. ---
Acct. No. ---
W.O. F-7794
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	99 00
80% Sales of Lots	100	396 00
Opening/Closing	77181	320 00
Burial Containers	100	175 00
Handling Fee	77185	170 00
Recording & Misc. Fees	100	35 00
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	11 37
	78360	
TOTAL PAID		\$ 1206 37

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

694

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7794

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT James Chester Hicks		SEX Male	DATE OF BIRTH Aug. 29, 1932	DATE OF DEATH Dec. 11, 1988
PLACE OF DEATH—CITY OR TOWN Los Angeles,	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Los Angeles		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Chester A. Hicks - Father 516 Elizabeth Street San Diego, California 92113	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER F1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED DEC 15 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramez, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/16/88 (ENTER DATE) 8-4-1-11	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH San Diego Dept. of Health Services P.O. Box 85222 San Diego, California 92138-5222		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 37551

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

From: Charley Heeks Address: 516 Elizabeth Street, SD Date: 3-27 1989

One hundred twenty-five (2/12) Dollars (\$ 125.00)

In Payment of Mother's Lettering fee for James C Heeks

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. 8-7794

W.O. 566-B

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CITY AUDITOR
MAR 30 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>125.00</u>
77183		
Pre-Need Trust	83033	
8022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>125.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-13-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Columbus Bincham III
in a _____ Vault/Liner _____ Funeral, date, time Fri 12/16 11:00
Church, Chapel, Graveside Graveside, Rossdale 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 _____ round 2ft-

✓ Lot 3450 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00
Additional spaces and care fund _____
Opening/Closing & Setup 64.00
Burial Container _____
Handling Fees _____
Flower vases - Marker setting fee _____
Recording and filing fee 35.00
Sales taxes _____

Total Due 199.00

Paid receipt number 37099 199.00

M. Alden Balance due 0

I hereby certify I am the Jarvis R. Baldew of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Jarvis R. Baldew
Signature 7033 Springford ave
Address SAN DIEGO CA. 92114
State 262-7748 Zip Code
Telephone

Work Order # E 7795
PY-583 (REV. 8-85)

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7795

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Columbus Bingham, III	SEX Male	DATE OF BIRTH Oct. 5, 1988	DATE OF DEATH Dec. 12, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Columbus Bingham, Sr. - Grandfather 7033 Springford Avenue San Diego, California 92114	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary 5050 Federal Blvd.		CALIFORNIA LICENSE NUMBER F1329	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

FOR CORONER'S USE ONLY

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street San Diego, Calif.	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Flat - Noheini	DATE CREMATED
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A (P.A.)	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12-16-88 (ENTER DATE)	DATE PERMIT ISSUED DEC 15 1988
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald A. ...
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH San Diego Dept. of Health Services	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Reynolds
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
P.O. Box 85222 San Diego, California 92138-5222		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

E 7795
 No 37099

Date: 12-13, 19 88

From: _____ Address: _____

one hundred nine - nine 10/100 Dollars (\$ 199.00)

In _____ Payment of Columbus Simpson III's Interment

Lot 2450 Grave _____ Row _____ Section 1 Division 9 Block 9

Invoice No. _____

Acct. No. _____

W.O. 2-7795

BALANCE DUE 6

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
 DEC 27 1988

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Tax	77184	<u>20.00</u>
80% Sales of Lots	100	<u>80.00</u>
Opening/Closing	77181	<u>69.00</u>
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording & Ins. Fees	100	<u>5.00</u>
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>199.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-13-88

*Ernest
Sweet*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thurman & Beatrice Johnson

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 64 Grave 6 Row _____ Section 2 Division/Block 11

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ 320.00 640.00

Burial Container 330.00

Handling Fees 320.00

Flower vases - Marker setting fee 2 @ 25.00 70.00

Recording and filing fee 21.45

Sales taxes 1381.45

Total Due 1381.45

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 7796

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43548

Date: 4-5, 1973

From: Thurman Johnson Address: 252 Euclid Ave S.D. Ca 92114

In part Payment of Twenty five Pre Need Trust Dollars (\$ 25.00)

Lot 64 Grave 2 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7796
 BALANCE DUE 145.45

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

2109

AC-212 (Rev. 1-61)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY N. Leguena

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>25</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

E 7 196
48893

Date: 7-8, 1993

From: Beatrice Mason Address: PO Box 745994, IL

In Twenty-five Dollars (\$ 25.00)
 Payment of Pre-Need Trust

Lot 64 Grave 6 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7796
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. Wait

CREDIT	67007	
20% Sales Com.	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>25.00</u>
	9022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT

No 37186



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-6, 1989

From: Beatrice Johnson Address: 252 Euclid Ave HB, SD

fifty dollars Dollars (\$ 50.00)

In Payment of coupon 142 Pre-need Trust

Lot 64 Grave 6 Row _____ Section 2 Division Block 11

Invoice No _____

Acct. No _____

W.O. E-7796

BALANCE DUE 1331.45

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

0866

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE

ISSUED BY Indra Ward

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>50 00</u>
	9032	
Sales Tax	60101	
	76360	
TOTAL PAID	\$	<u>50 00</u>

CITY AUDITOR
JAN 7 1989

OFFICIAL RECEIPT

No 37311



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

From: Beatrice Johnson Address: 252 Euclid Ave # B, SD
Twenty-five No 110 Dollars (\$ 25.00)
 In Payment of Coupon 3 Preneed Trust

Lot 64 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-4796
 BALANCE DUE 1306.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
FEB 10 1989

ISSUED BY Andrea Reed

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83003	<u>25.00</u>
	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
0890

OFFICIAL RECEIPT

No 37439



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-6, 1989

From: Leatrice C. Johnson Address: 252 Bunker Hill Dr, SD

fifty dollars 20/100 Dollars (\$ 50.00)

In Payment of Graves 485 - Perpetual Trust

Lot 64 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. C-77965

BALANCE DUE 12-26-45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

0705

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CITY AUDITOR

MAR 10 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77191		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63003	<u>50.00</u>
9022		
Sales Tax	60101	
78380		
TOTAL PAID	\$	<u>50.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

CITY AUDITOR

No 37617

APR 07 1989

Date: 4-4, 19 89

From: Debra Johnson Address: 252 Euclid Ave #10, D
Twentysix - June 20/100
 Dollars (\$ 25.00)
 In Payment of coupon to Personal Trust

Lot 64 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-7796
 BALANCE DUE 1231.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Debra Johnson

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	60303	<u>25.00</u>
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>25.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
0909

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

E-7796
 No 37764

Date: 5-5, 1989

From: Estrella Johnson Address: 252 Eudora Ave H B, SD
Twenty-five no 1100 Dollars (\$ 25.00)
 In _____ Payment of Coupon 7 Funeral Trust

Lot 64 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. _____
 BALANCE DUE 1206.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 PAID IN THIS SPACE

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	<u>25.00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

CITY AUDITOR
 MAY 12 1989

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
0928

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No **38128**

E-7796

Date: 6-7 1989

From: Beatrice A. Johnson Address: 252 Euclid Ave. # B.S.D. CH 92114

Twenty-five dollars & 00/100 Dollars (\$ 25.00)

In Payment of Coupon #8 pre-need trust

Lot 64 Grave 6 Row Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 1181.45

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

0954

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 JUN 09 1989

ISSUED BY Nora Black

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25.00</u>
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT

No 38214



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 7-3, 19 89

From: Deatrice Johnson Address: 252 Euclid Ave # B SD
Twenty - Five Dollars (\$ 25.00)

In Payment of Preced Trust

Lot 64 Grave 6 Row _____ Section 2 Division 11
Block 11

Invoice No. _____
Acct. No. _____
W.O. 2-7796
BALANCE DUE 1156.45

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 0971

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	<u>CITY AUDITOR</u>
80% Sales of Lots	100	
Opening/Closing	77181	<u>JUL 10 1989</u>
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	<u>25.00</u>
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 38393

Date: Aug 8, 1989

From: Brother John Address: 2150 Euclid Ave - B

Twenty - 10/10 Dollars (\$ 25 -)

in part Payment of Howard Street Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. 5-7746

BALANCE DUE 113145

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

0989

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY R. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	<u>25 -</u>
Sales Tax	77185	
TOTAL PAID	63033	<u>25 -</u>
	9022	
	60101	
	78390	

CITY AUDITOR

AUG 12 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 38494

Date: 9-6, 1989
 From: Debbie Johnson Address: 452 Euclid Ave #102
San Diego CA 92107
 Dollars (\$) 25.00
 In _____ Payment of Coupon to Pre-need Trust

Lot 64 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-7796
 BALANCE DUE 1106.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25.00</u>
Sales Tax	8022	
	60101	
	78380	
TOTAL PAID	\$	<u>25.00</u>

CITY AUDITOR
 SEP 11 1989

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

1012

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

NO 37999

Date: 10-4, 1989

From: Debra Johnson Address: 252 Euclid Ave #4, SD

to to date - year no/100 Dollars (\$ 25.00)
 In coupon 11 Payment of Unpaid Trust

Lot 64 Grave 6 Row _____ Section 2 Division 11 Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-7796
 BALANCE DUE 1001.45

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1029

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	<u>25.00</u>
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>25.10</u>

CITY AUDITOR
 OCT 10 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 38530

Date: 11-7 1989

From: Estelita Johnson Address: 252 Euclid Ave HB, SD

Truck - Fine no 1100 Dollars (\$ 25.00)

In Payment of Coupon 12 Fenced Trust

Lot 64 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7796

BALANCE DUE 1056.45

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1052

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Andra Ward

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25.00</u>
Sales Tax	9022	
TOTAL PAID	60101	<u>25.00</u>
	78360	

CITY AUDITOR
 NOV 13 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY TO CEMETERY
PINK TO AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 38611

Date: 12-1, 19 89

From: Leatrice Christ Address: 252 Acadia Ave. # B, S

Twenty Five Dollars (\$ 25.00)

In Payment of Grave # 13 - Pre-need Trust

Lot 64 Grave 6 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. 2-7796

BALANCE DUE 1031.45

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1070

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	100	
Burial Containers	77181	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	25.00
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	25.00

CITY AUDITOR
DEC 13 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 38747

From: Murray Johnson Address: 252 Euclid Ave., Apt B, 92114
Twenty-Five Dollars Dollars (\$ 25.00)
 In _____ Payment of Pre-need Trust

Date: 1-5, 1990

Lot 64 Grave 6 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. F-7796

BALANCE DUE \$ 1126.95

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1092

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 16 1990

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033	<u>25</u>	<u>00</u>
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT

CITY AUDITOR

NO 38940

MOUNT HOPE CEMETERY MAR 12 1990
 264-3151

Date: 3-5, 1990

From: Mrs. Juanita M. Brown Address: 252 E. Grand Ave. S. D. 92114

Twenty-five Dollars (\$ 25.00)

In _____ Payment of _____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. 7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1139

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>25.00</u>	
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>25.00</u>	

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 39192

Date: 5-9, 1990

From: Estelita Johnson Address: 252 Euclid Ave, SD 92114

In Twenty Five Dollars Dollars (\$ 25⁰⁰)

In Pre-Need Trust Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-11196

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 14 1990

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033	<u>25</u>	<u>00</u>
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

CITY AUDITOR

NO 39114

APR 16 1990

Date: 4-11, 1990

From: Murray Johnson Address: 252 E. Euclid Ave., Apt B, St. 92114

In Twenty five Dollars Dollars (\$ 25.00)

In Pre-Need Trust Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-4796

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25.00</u>
Sales Tax	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>25.00</u>

1141

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39326

Date: 6-6, 1990

From: T. Johnson Address: 252 Euclid St

Mount Hope Dollars (\$ 25.00)

In _____ Payment of Pre-need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No _____

Acct. No _____

W.O. E-4796

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1214

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY J. White

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>25.00</u>
9022		
Sales Tax	60101	
78380		
TOTAL PAID	\$	<u>25.00</u>

CITY AUDITOR
 JUN 08 1990

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-7796
No 39418

Date: 6-29, 1990

From: P. Johnson Address: 200 E. 1st St #200

Twenty Five Dollars (\$ 25.00)

In Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1007

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY J. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	100	
Burial Containers	77181	
	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>25.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

CITY AUDITOR
JUN 30 1990

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39551

Date: Aug 3, 1990

From: Section 7th - Address: 372 Eucalyptus Ave # 3, 92114

In Trusty Fee Payment of Pre-Need Trust Dollars (\$ 25.00)

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. 5-7096

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 1234

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ Closing	100		
	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>25.00</u>	
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>25.00</u>	

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39691

Date: 9-11, 19

From: MURPHY, PATRICIA JOHNSON Address: 252 EUNIA AVE APT #2 T.D. CA 92114

Twenty Five 00/100 Dollars (\$ 25.00)

In _____ Payment of THE NEED TRUST

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) # 1284

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY R. Johnson

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>25.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39789

Date: 10-4-1940

From: Thurman Bentz Johnson Address: 252 Euclid Ave Apt 2 SD CA 92111

TWENTY FIVE AND 00/100 Dollars (\$ 25.00)

In: _____ Payment of PRE-NEED TRUST

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87) # 1307

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY R. S. Johnson

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>25.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 40151

Date: 1-7, 1971

From: Thurman W Johnson Address: 252 Euclid

Twenty Five Dollars (\$ 25.00)

In Payment of Pre Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE \$781.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-57) 1381

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY M. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	25.00	
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	53033	<u>25.00</u>	
Sales Tax	9022		
	60101		
	78380		
TOTAL PAID	\$	<u>25.00</u>	

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 40240

Date: 1-31 . 1991

From: Thurman Johnson Address: 252 Euclid Ave # 2 S.D. CA. 92114

Twenty-five Dollars (\$ 25.00)

In _____ Payment of Pre Need trust

Lot 64 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7296

BALANCE DUE 756.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1404

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Norman Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>25</u>	<u>00</u>
	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 40528

Date: April 5, 19 91

From: T. B. JOHNSON Address: 252 Euclid Ave. Apt. B San Diego 92114

Twenty-five and no/100ths Dollars (\$ 25.00)

In Part Payment of Pre-need Trust

Lot 64 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7706

BALANCE DUE \$ 706.25

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AG-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY K. L. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>25.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

1460

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 40380

Date: 3-5, 1991

From: Shirley Johnson Address: 257 Euclid Ave #13 S.D. 92114

In Twenty-five and 00/100 Dollars (\$ 25.00)

Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE 731.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 1437

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY M. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>25</u>	<u>00</u>
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 40953

Date: 7-5-1971

From: William J. Smith Address: 253 Euclid Ave Apt 2 S.D. CA 92114

Twenty five and 00/100 Dollars (\$ 25.00)

In cash Payment of the acct

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-67)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		25.00
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$		25.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 40805

Date: 6-7, 1991

From: Herman Address: 252 Euclid Apt 4B, SD 92114

Twenty-five Dollars (\$ 25.00)

In Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7194
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1514

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Walt

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>25.00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 41080

Date: 8-6-1971

From: Thurman Johnson Address: 253 Birch Ave Apt 750 A 92114

Twenty five and 00/100 Dollars (\$ 25⁰⁰)

In 1 unit Payment of Pre need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-67) # 1566

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Robert Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25⁰⁰</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42807

Date: 10-6-32, 19__

From: Johnson, Thurman & Beatrice Address: 252 Euclid Avenue Apt B

Twenty five Dollars (\$ 25.00)

In _____ Payment of Pre-need Trust

Lot 64 Grave 6 Row E Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-31)

1940

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY V. Balobaly

CREDIT	67007		
20% Sales Com.	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	9022	25	00
Sales Tax	60101		
	78390		
TOTAL PAID	\$	25	00

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43068

Date: 12-3 1992

From: Turner Johnson Address: 252 Euclid Ave Apt B SE

Trusty - Trust Dollars (\$ 25.-)
In Payment of Tru-Feed Trust

Lot 64 Grave 6 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

1991

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	60303	<u>25 W</u>
	9022	
	60101	
	76380	
		<u>25 W</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 40673

Date: 5-6, 1991

From: Norman Johnson Address: 252 Evelyn Ave SE 92114

Twenty-five Dollars (\$ 25.00)

in Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY J. White

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>25.00</u>	
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>25.00</u>	

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 41207

Date: 9-4, 1991

From: Thurman Johnson Address: 252 Euclid Ave # B S.D. 92114

Dollars (\$ 25⁰⁰)

In Part Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) # 1593

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$		<u>25</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 41521

Date: 11-15, 1991

From: THURMAN JOHNSON Address: 255 EVELID AVE S D CA 92114

Twenty five and 00/100 Dollars (\$ 25⁰⁰)

In Part Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7196

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>25⁰⁰</u>
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77186	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>85⁰⁰</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42928

Date: 11-4, 1992

From Harman Johnson Address 252 Euclid Ave. Apt. B SD

Twenty-five Dollars (\$ 25.⁰⁰)

In Payment of Pre-Need Trust

Lot 64 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

1970

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Walt

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	83033	<u>25 W</u>
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>25 W</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 - 264-3151

№ 41333

Date: 10-4-91, 1991

From: Thurman W. Johnson Address: 252 Euclid Ave B S.D. 92114

Twenty five ^{no/100} Dollars (\$ 25.00)

In _____ Payment of Pre-Need Trust **CITY AUDITOR**

Lot 64 Grave 6 Row _____ Section OCT 14 1991 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 1621

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

004279

ISSUED BY Daryl Carter

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183	<u>25</u>	<u>00</u>
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 827-3400

No 41720

Date: 1-3-19

From: Thurman Johnson Address: 252 Euclid Ave Apt #2 SD CA 92114

Twenty five and 00/100 Dollars (\$ ~~25~~ 37.50)

In PAID Payment of Pre-Need Trust for Thurman + Beatrice Johnson

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7796
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	9022	
TOTAL PAID	60101	
	78390	

37.50

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

ISSUED BY [Signature]

#1686
 MC-212 (Rev. 1-81)

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42403

Date: 6-23, 1992

From: JOHNSON, THURMAN Address: 252 Euclid Ave. #B S.D. CA 92114

TWO HUNDRED-FIVE AND 00/100 Dollars (\$ 25.00)

In PART Payment of PRE NEED TRUST

Lot 64 Grave 6 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-776

BALANCE DUE 370.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1938

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>25.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

NO 42728

Date: 9-16, 1992

From: Murphy & Leppin Properties Address: 253 Euclid Apt # B, SD

In Twenty five Dollars (\$ 25.-)
 Payment of Pre-Need Trust

Lot 64 Grave 6 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-81) 1922

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. W. [Signature]

CREDIT	87007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
Burial	77181	
Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	<u>25 W</u>
	9022	
	80101	
	76390	
TOTAL PAID	\$	<u>25 W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42096

Date: 4/7/1998

From: Phurman Johnson Address: 252 Bunting St Apt # 5-D. CA. 92114

Twenty five and 00/100 Dollars (\$ 25.00)

In Part Payment of Pre-need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

1785
 AC-247 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63083	<u>25.00</u>
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 41966

Date: 3-5, 1992

From: Kerman Person Address: 252 Euclid, Apt #B 10
Twenty Five 710/110 Dollars (\$ 25.⁰⁰)

In Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7796
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>25.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 41868

From Herman Johnson Address: 253 Euclid Ave., N, # B Date: 2-11, 1992
Thirty Seven 50/100 Dollars (\$ 37.50)
 In _____ Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7796
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY J. W. [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033	<u>37</u>	<u>50</u>
9022			
Sales Tax	60101		
78300			
TOTAL PAID	\$	<u>37</u>	<u>50</u>

1732

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42205

Date: 5-5, 1992

From: Beatrice Han Address: 252 Euclid Ave., 92114
Monthly fee 90/100 Dollars (\$ 25.⁰⁰)
 In _____ Payment of Pre-Need Trust

Lot 64 Grave 6 Row _____ Section 2 Division 11
 Block 11

Invoice No. _____

Acct. No. _____

W.O. E-9796

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

1816

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY J. White

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	<u>25 W</u>
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>25 W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42474

Date: 07-16, 1992
 From: Hummer, Helen Address: 252 Euclid, Apt. #B, SD 92114
Twenty Five Dollars (\$ 25.00)
 In Payment of Pre-Need Trust

Lot 64 Grave 6 Row _____ Section 2 Division 11

Invoice No. _____
 Acct. No. _____
 W.O. E-7796
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Wait

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	60101	<u>25.00</u>
	78390	
TOTAL PAID	\$	<u>25.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 1872

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42616

Date: 8-12, 1972

From: Herman Hansen Address: 252 Euclid, Apt #B SD

Twenty-five Dollars (\$ 25)

In Payment of Pre Need Trust

Lot 64 Grave 6 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AG-212 (Rev. 1-61)

1902

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

Waits

CREDIT	57007	
20% Sales Care	77184	
50% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25 00</u>
Sales Tax	9022	
	60101	
	78380	
TOTAL PAID	\$	<u>25 00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43423

Date: 3-3, 1993

From: Therman Johnson Address: 252 Euclid Ave Apt B S.D. 92114

Twenty-five Dollars (\$ 25.00)

In part Payment of Pre-Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE \$ 170.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81) 2672

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY M. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033	<u>25</u>	<u>00</u>
Trust	9022		
Sales Tax	80101		
	78380		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43192

Date: 1-5, 1993

From: Kurman Sharon Address: 253 Euclid Ave, #1B SD

Twenty-five Dollars (\$ 25.00)

In Pre-Need Trust Payment of 710/10

Lot 64 Grave 6 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

2016

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY Waite

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>25 W</u>
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>25 W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 43309

Date: 2-3, 1993

From: Thurman Johnson Address: 252 Euclid Ave apt B S.D. 92114

Twenty-five Dollars (\$ 25.00)

In part Payment of Pre-Need Lot & trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE \$195.45

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

2047

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY

M. Ferguson

CREDIT	67007		
20% Sales Care	77164		
50% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>25</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT

48760



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-3, 1995

From: Beatrice Mann Address: 252 Euclid #B, SD

In Twenty five Dollars (\$ 25.⁰⁰)
Payment of Pre-Need Trust

Lot 64 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-7796

BALANCE DUE _____

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

2151

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	<u>25 W</u>
Sales Tax	63033	
	8022	
	80101	
	78390	
TOTAL PAID	\$	<u>25 W</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43949

Date: 7-30, 1993

From: Beatrice Johnson Address: P.O. Box 740994, IL

In full Payment of Pre-Need Trust 45/100 Dollars (\$ 95.45)

Lot 64 Grave 6 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-17196

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

2194

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183	<u>95</u>	<u>45</u>
Sales Tax	63033		
	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>95</u>	<u>45</u>

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7796

Preneed Trust

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
10											

Amount due when paid on, or before,
due date above.



\$ 25.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 26.00

Amount Received

\$ 25.00

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7796

Preneed Trust

Thurman & Beatrice Johnson

• 252 Euclid Avenue, Apt B

San Diego, Ca 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
10											

Amount due when paid on, or before,
due date above.

▶ \$ 25.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ 26.00

Amount Received

\$ 25.00

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7796**

Preneed Trust

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
10											

Amount due when paid on, or before,
due date above.



\$ 25.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received

\$ 25.00

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave Apt B

CITY San Diego STATE CA ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7796

Preneed Trust

Thurman & Beatrice Johnson

252 Euclid Avenue, Apt B

San Diego, Ca 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
10											

Amount due when paid on, or before,
due date above.

\$ 25.00

Amount due if paid more than _____ days
after due date above. 10

\$ 1.00

\$ _____

Amount Received

\$ 25.00

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave # B

CITY San Diego STATE CA ZIP 92114

check if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7796

Preneed Trust

Thurman & Beatrice Johnson

252 Euclid Avenue, Apt B

San Diego, Ca 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
10											

Amount due when paid on, or before,
due date above.



\$ 25.00

Amount due if paid more than ~~10~~ days
after due date above.



\$ 1.00

\$ _____

Amount Received

\$ 25.10

NAME

Thurman & Beatrice Johnson

ADDRESS

252 Euclid Ave #B

CITY

San Diego

STATE Ca

ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7796**

Preneed Trust

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
10											

Amount due when paid on, or before,
due date above.

▶ \$ 25.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ _____

Amount Received \$ _____

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY S. Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7796**

Preneed Trust

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
10											

Amount due when paid on, or before,
due date above.

\$ 25.00

Amount due if paid more than **10** days
after due date above.

\$ 1.00

\$ 25.00

Amount Received \$ 2

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave Apt B

CITY San Diego STATE Ca ZIP 92114

check if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7796

Praneed Trust

Thurman & Beatrice Johnson

252 Euclid Avenue, Apt B

San Diego, Ca 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
10											

Amount due when paid on, or before,
due date above.



\$ 25.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 25.00

Amount Received \$ _____

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave # B

CITY San Diego STATE Ca ZIP 92114

check () if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7796**

Pruned Trust

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
10											

Amount due when paid on, or before,
due date above.



\$ 25.00

Amount due if paid more than **10** days
after due date above.



\$ 1.00

\$ ~~25.00~~

Amount Received \$ 25.00

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7796

Pressed Trust

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
10											

Amount due when paid on, or before,
due date above.

\$ 25.00

Amount due if paid more than ~~10~~ days
after due date above.

\$ 1.00

\$ _____

Amount Received

\$ 25.00

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

COUPON

11


DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7796****Preneed Trust**

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
10											

Amount due when paid on, or before,
due date above.
 \$ 25.00
Amount due if paid more than **10** days
after due date above.
 \$ 1.00

\$ _____

Amount Received

\$ 25.00NAME Thurman & Beatrice JohnsonADDRESS 252 Euclid Ave # BCITY San Diego STATE Ca ZIP 92114 check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7796

Preneed Trust

**Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114**

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
10											

Amount due when paid on, or before,
due date above.



\$ **25.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received

\$ **25.00**

NAME **Thurman + Beatrice Johnson**

ADDRESS **252 Euclid Ave # B**

CITY **S. D.** STATE **Ca** ZIP **92114**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7796

Pressed Trust

**Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114**

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
10											

Amount due when paid on, or before,
due date above.

\$ **25.00**

Amount due if paid more than **10** days
after due date above.

\$ **1.00**

\$ _____

Amount Received

\$ 10.00

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave Apt B

CITY San Diego STATE Ca ZIP 92114

check if this is new address

Send or bring one coupon with each remittance **COUPON**

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7796** **Pruned Trust**

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt 5
San Diego, Ca 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
10											

Amount due when paid on, or before,
due date above.

\$ **25.00**

Amount due if paid more than **10** days
after due date above.

\$ **1.00**

\$ **25.00**

Amount Received \$ _____

NAME Thurman & Beatrice C Johnson

ADDRESS 252 Euclid Ave #5

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **B-7796**

Preneed Trust

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
10											

Amount due when paid on, or before,
due date above

\$ **25.00**

Amount due if paid more than **10** days
after due date above.

\$ **1.00**

\$ **10.00**

Amount Received \$

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego STATE Ca ZIP 92114

check (/) if this is new address

Send or bring one coupon with each remittance **COUPON****16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7796** **Pruned Trust**

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
10		-		-							

Amount due when paid on, or before,
due date above.

 \$ 25.00
Amount due if paid more than **10** days
after due date above.

 \$ 1.00

 \$ 25.00

Amount Received \$

NAME Thurman & Beatrice JohnsonADDRESS 252 Euclid Ave #BCITY San Diego STATE CA ZIP 92114
 check If this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

8-7796

Preneed Trust

**Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114**

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
10											

Amount due when paid on, or before,
due date above.



\$ **25.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received \$ _____

NAME Thurman & Beatrice Johnson

ADDRESS 232 Euclid Ave #B

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7796** **Freedom Trust**

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
10											

Amount due when paid on, or before,
due date above.

▶ \$ 25.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ 25

Amount Received \$ 25.00

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave Apt B

CITY San Diego STATE CA ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7796

Promised Trust

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
10											

Amount due when paid on, or before,
due date above

25.00

Amount due if paid more than **10** days
after due date above.

1.00

Amount Received \$

25.00

NAME Thurman & Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego STATE Ca ZIP 92114

check () if this is new address

Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **L-7796**

Franco Trust

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
10											

Amount due when paid on, or before,
due date above.

▶ \$ **25.00**

Amount due if paid more than **10** days
after due date above.

▶ \$ **1.00**

\$ _____

Amount Received

\$ **25.00**

NAME **Thurman & Beatrice Johnson**

ADDRESS **252 Euclid Ave #B**

CITY **San Diego** STATE **Ca** ZIP **92114**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

K-7796

Freemod Trust

**Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114**

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
10											

Amount due when paid on, or before,
due date above.



\$ **25.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received

25.00

NAME

Thurman & Beatrice Johnson

ADDRESS

252 Euclid Ave #B

CITY

San Diego

STATE

ZIP

Ca 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON 22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7796** **Pruned Trust**

**Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114**

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
10											

Amount due when paid on, or before,
due date above.



\$ **25.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received

\$ **25.00**

NAME **Thurman & Beatrice Johnson**

ADDRESS **252 Euclid Ave #B**

CITY **San Diego** STATE **CA** ZIP **92114**

check if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **11-7796**

Pruned Trust

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt B
San Diego, Ca 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
10											

Amount due when paid on, or before,
due date above

\$ **25.00**

Amount due if paid more than 10 days
after due date above.

\$ **1.00**

\$ _____

Amount Received

\$ 25.00

NAME Thurman + Beatrice Johnson

ADDRESS 252 Euclid Ave #B

CITY San Diego

STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance. **DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. E-7796 Pre-News **COUPON # 2**

Thurman & Beatrice Johnson

252 Euclid Avenue, Apt. #B

San Diego, Calif. 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											10

AMOUNT
DUE

\$25.00

\$

Check (✓) if you have a new address and please attach.

TOTAL
RECEIVED \$

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7796 Pre-Need Trust

COUPON 3

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt. #B
San Diego, Calif. 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
									XX		10

AMOUNT
DUE

\$ 25.00

\$

Check (✓) if you have a new address and please attach.

TOTAL
RECEIVED \$

25.00

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796* "Pre-need" **COUPON**

4

*Beatrice & Thurman Johnson
252 Euclid Avenue, Apt. #B
San Diego, Calif. 92114*

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											<i>10</i>

AMOUNT
DUE

\$ 25.00

\$ _____

Check (✓) if you have a new address and please attach.

TOTAL
RECEIVED \$ _____

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796* Pre-News **COUPON #**

5

Thuyman & Beatrice Johnson

252 Euclid Avenue, Apt. #B

San Diego, Calif. 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
											<i>10</i>

AMOUNT
DUE

\$25.00

\$

Check (✓) if you have a new address and please attach.

TOTAL
RECEIVED \$

25.00

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796* ~~Pre-Natal Trust~~

COUPON 6

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt. #B
San Diego, Calif. 92114

Month and Day Due indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
									<i>XX</i>		<i>10</i>

AMOUNT
DUE

\$ *25.00*

\$

TOTAL

RECEIVED \$ *25.00*

Check (✓) if you have a new address and please attach.

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796 Pre-need* **COUPON**

7

*Beatrice & Thurman Johnson
252 Euclid Avenue, Apt. #B
San Diego, Calif. 92114*

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											<i>10</i>

AMOUNT
DUE

\$ *25.00*

\$ _____

TOTAL
RECEIVED \$

25.00

Check (✓) if you have a new address and please attach.

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796* Pre-Need **COUPON**

8

Thurman & Beatrice Johnson

252 Euclid Avenue, Apt. #3

San Diego, Calif. 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											<i>10</i>

AMOUNT
DUE

\$25.00

\$

Check (✓) if you have a new address and please attach.

TOTAL
RECEIVED \$

25.00

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796* ~~Pre-Paid~~ **COUPON**

9

*Thurman & Beatrice Johnson
252 Euclid Avenue, Apt. #B
San Diego, Calif. 92114*

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
									<i>XX</i>		<i>10</i>

AMOUNT
DUE

\$ 25.00

\$

TOTAL
RECEIVED \$

25.00

Check (✓) if you have a new address and please attach.

Send or bring one coupon with cash remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796 Pre-need* **COUPON 10**

*Beatrice S Thurman Johnson
252 Euclid Avenue, Apt. #3
San Diego, Calif. 92114*

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
											<i>10</i>

AMOUNT
DUE

\$ *25.00*

\$ _____

Check (✓) if you have a new address and please attach.

TOTAL
RECEIVED \$

25.00

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7796

Pre-Nerds Trust

COUPON

11

Thurman & Beatrice Johnson

252 Euclid Avenue, Apt. #B

San Diego, Calif. 92114

Month and Day Due indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
											10

AMOUNT
DUE

\$25.00

\$

Check (✓) if you have a new address and please attach.

TOTAL
RECEIVED \$

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796* Pre-News **COURSON** **12**

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt. #B
San Diego, Calif. 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
									<i>XN</i>		<i>10</i>

AMOUNT DUE \$ *25.00*

\$ _____

Check (✓) if you have a new address and please attach.

TOTAL RECEIVED \$ _____

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796*, *Pre-need* **COURON** **13**

Beatrice & Thurman Johnson
252 Euclid Avenue, Apt. #3
San Diego, Calif. 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
											<i>10</i>

AMOUNT
DUE

\$ *25.00*

12.50 *Pre*

\$ *37.50*

Check (✓) if you have a new address and please attach.

TOTAL
RECEIVED \$

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7796** Pre-News **COUPON #**

14

Thuyman & Beatrice Johnson

252 Euclid Avenue, Apt. #B

San Diego, Calif. 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
											10

AMOUNT
DUE

\$25.00 + 12.50

\$ 37.50

TOTAL
RECEIVED \$

37.50

Check (✓) if you have a new address and please attach.

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796 Pre-Ned*

COUPON 15

*Thurman & Beatrice Johnson
252 Euclid Avenue, Apt. #B
San Diego, Calif. 92114*

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
									<i>XX</i>		<i>10</i>

AMOUNT
DUE

\$ 25.00

\$ 25.00

TOTAL
RECEIVED \$

Check (✓) if you have a new address and please attach.

Send or bring one coupon with each remittance. DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796* ~~Pre-see~~ **COUPON 16**

*Beatrice & Thurman Johnson
252 Euclid Avenue, Apt. #3
San Diego, Calif. 92114*

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
											<i>10</i>

AMOUNT
DUE

\$ *25.00*

12.50 Rec

\$

Check (✓) if you have a new address and please attach.

TOTAL
RECEIVED

\$ *25.00*

Send or bring one coupon with each remittance **DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **E-7796 Pre-Need COUPON # 17**

Thurgood & Beatrice Johnson
252 Euclid Avenue, Apt. #8
San Diego, Calif. 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				-							10

**AMOUNT
DUE**

\$25.00

\$ _____

**TOTAL
RECEIVED \$**

25.00

Check (✓) if you have a new address and please attach.

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7796 Pre-Need ~~Post~~

COUPON 18

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt. #B
San Diego, Calif. - 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
									XI		10

AMOUNT
DUE

\$ 25.00

\$ 25.00

Check (✓) if you have a new address and please attach.

TOTAL
RECEIVED \$

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7796 Pre-need Trust* COUPON

19

*Beatrice & Thurman Johnson
252 Euclid Avenue, Apt. #B
San Diego, Calif. 92114*

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
											<i>10</i>

July 92

AMOUNT
DUE

\$ *25.00*

12 50
\$ *25.00*

Check (✓) if you have a new address and please attach.

TOTAL
RECEIVED \$

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-1196

Pre-Needle Plus

COUPON

20

Thuyman & Beatrice Johnson

252 Euclid Avenue, Apt. #B

San Diego, Calif. 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
											10

AMOUNT
DUE

\$ 25.00

\$ 25.00

Check (✓) if you have a new address and please attach.

TOTAL
RECEIVED \$

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *E-7786* Pre-News **COUPON**

21

Thurman & Beatrice Johnson
252 Euclid Avenue, Apt. #8
San Diego, Calif. 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
									<i>X</i>		<i>10</i>

AMOUNT
DUE

\$ *25.00*

\$ _____

Check (✓) if you have a new address and please attach.

TOTAL
RECEIVED \$ _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-13-88

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of Rolando Morales Castro

in a _____ Vault/Liner Funeral, date, time Fri 12/16 10:00

Church, Chapel, Graveside Delivery; North 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 121 Grave 8 Top Row _____ Section 1 Division/Block 12

Grave space & Care Fund 55.00

Additional spaces and care fund 90.00

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 145.00

Paid receipt number _____

Balance due _____

PA 1064533

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7797

Invoice # 078221

Acct. # 000952

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7797

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT ROLANDO MORALES CASTRO	SEX MALE	DATE OF BIRTH July 22, 1959	DATE OF DEATH SEPT. 13, 1988
PLACE OF DEATH—CITY OR TOWN Escondido	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT San Diego County Coroner 5555 Overland Avenue San Diego, CA 92123	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Heath Funeral Home, 611 Highland Avenue Marina City, CA		CALIFORNIA LICENSE NUMBER 807	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> 10. DISPOSITION PENDING |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Cardboard box - Flew Board on bottom	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION No Highway - on top of Buena Vista			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED DEC 16 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. ... EIA
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/16/88 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Rayen Stiller	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-16-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rhoda J. Bakke Dahl
in a well being vault Funeral, date, time Nov 12/19:00
Church, Chapel, Graveside Shoreside, Kern Workway 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 169 Grave 1 Row _____ Section 4 Division/Block 6

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container _____

Handling Fees 170.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes _____

Total Due 525.00

Paid receipt number 3/17/89 525.00

Balance due 0

I hereby certify I am the Rhoda J. Bakke Dahl of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 8712-9 Magnolia
Address Santee, Ca 92071
State (619) 448-3065 Zip Code _____
Telephone _____

Work Order # E 7798

PY-583 (REV. 8-85)

Invoice # 078232

Acct. # 028711

INSIST ON TREADS BY

7798 486-1484

Modern Stairways Inc.

3239 BANCROFT DR.
SPRING VALLEY, CAL.



Van Dyke
10-1-4-6

JACK SPENCER
VICE-PRESIDENT

W.O. # E-7798

NOTE

\$ 525.00 San Diego, CaliforniaDecember 16 19 88

2 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Five hundred twenty-five and 00/100 DOLLARS with interest from 2-16-88 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME CA BAKKEDAH SIGNATURE CA BakkedahlADDRESS 8712-9 Magnolia ave Santee, Ca 92071CALIF. DRIVERS LIC. # W0950372 California

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E 7798

THIS COPY IS PROVIDED AS A COURTESY FOR YOUR RECORDS. "THIS IS NOT A LEGAL COPY" CERTIFIED COPIES (LEGAL COPIES) MAY BE OBTAINED FROM:

SAN BERNARDINO CO. HEALTH DEPT.
351 MT. VIEW AVENUE
SAN BERNARDINO, CA 92415



KERN MEMORIAL CHAPEL / Funeral Directors
14444 Seventh Street • Victorville, California 92392 • Telephone 245-9361

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER		STATE OF CALIFORNIA				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST Rhoda		1B. MIDDLE G.		1C. LAST Bakkedahl		2A. DATE OF DEATH (MONTH, DAY, YEAR) December 15, 1988		2B. HOUR 1730	
3. SEX Female	4. RACE/ETHNICITY White	5. SPANISH/HISPANIC <input type="checkbox"/> NO	6. DATE OF BIRTH June 15, 1909			7. AGE 79 YEARS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Minnesota		9. NAME AND BIRTHPLACE OF FATHER Edward Sylvester Johnson - MN				10. BIRTH NAME AND BIRTHPLACE OF MOTHER Boleta Amalie Hovelsen-Norway			
11A. CITIZEN OF WHAT COUNTRY USA	11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 -- TO 19 --	12. SOCIAL SECURITY NUMBER 563-40-2682	13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE OR WIFE. ENTER BIRTH NAME! Clifford A. Bakkedahl, Sr.				
15. PRIMARY OCCUPATION Minister		16. NUMBER OF YEARS THIS OCCUPATION 25	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Assembly of God Church		18. KIND OF INDUSTRY OR BUSINESS Religion				
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 4135 Phelan Road					19B.	19C. CITY OR TOWN Phelan			
19D. COUNTY San Bernardino		19E. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Clifford A. Bakkedahl, Sr. - Husband P O Box 164 Phelan, CA 92371					
21A. PLACE OF DEATH At Home		21B. COUNTY San Bernardino							
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 4135 Phelan Road		21D. CITY OR TOWN Phelan							
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE									
CAUSE OF DEATH	(A) Cardiopulmonary Arrest	Minutes	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER? Yes 88-12-5591LM					
	(B) Chronic Congestive Heart Failure	Years		25. WAS BIOPSY PERFORMED? No					
	(C) Hypertensive Cardiovascular Disease	Years		26. WAS AUTOPSY PERFORMED? No					
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A Diabetes Mellitus Type I	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? 237 TYPE OF OPERATION	No	DATE N/A						
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER			
28E. TYPE PHYSICIAN'S NAME AND ADDRESS									
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
CORONER'S USE ONLY	35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- <u>INVESTIGATION</u>) Investigation			35B. CORONER'S SIGNATURE Brian McCormick; Coroner by Dep:			35C. DATE SIGNED 12-17-88		
36. DISPOSITION Burial	37. DATE—MONTH, DAY, YEAR 12-19-88	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Mt. Hope Cemetery - San Diego, CA.			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 6658 Victory Savind				
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Kern Memorial Chapel		40B. LICENSE NO. 1094	41. LOCAL REGISTRAR—SIGNATURE G. R. Pettersen MD by/		42. DATE ACCEPTED BY LOCAL REGISTRAR December 19, 1988				
DATE	A.	B.	C.	D.	E.	F.			

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7798

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

DECEDENT Rhoda G. Bakkedahl		SEX Female	DATE OF BIRTH June 15, 1909	DATE OF DEATH Dec, 15, 1988
PLACE OF DEATH—CITY OR TOWN Phelan		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Bernardino	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Clifford A. Bakkedahl - Husb. P O Box 164 Phelan, CA 92371	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Earl Memorial Chapel 14444 7th Street, Victorville, CA 92392		CALIFORNIA LICENSE NUMBER 1094		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED NA	SIGNATURE OF PERSON IN CHARGE OF CREMATORY NA
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
CREMATED REMAINS	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT NA DATE SIGNED NA
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED 12/19/1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT B.R. Petterson MD <i>by</i> #179288
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/19/88 <small>(ENTER DATE)</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE 167-1-4-6
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 351 Mt. View Avenue - San Bernardino, CA 92415		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-7798

CITY TREASURER
SAN DIEGO, CALIFORNIA

6512103/29/89		525.00	INVS
03/29/89	6512	|	525.00- CH
03/29/89	6512	|	.00 BA

OFFICIAL RECEIPT

3/31

E 7798
No 37534



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-17 1989

From: C. A. Bakkerdahl Address: 8712 Magnolia, San Diego

In: Five hundred twenty-five dollars - \$525.00
Payment of: Photo. Bakkerdahl's interment

Lot _____ Grave 1 Row _____ Section _____ Division Block _____

Invoice No. _____
Acct. No. _____
W.O. 2-7798
BALANCE DUE 4

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CITY AUDITOR

MAR 31 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Meal Trust	63033	
	9022	
Sales Tax	60101	
	78090	
TOTAL PAID	\$	<u>525.00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

A.C-212 (Rev. 10-87) 2185

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego ✓

Date 12-16-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Harry L. Currier

in a Ball Funeral Funeral, date, time Tue 10AM - 4/20

Church, Chapel, Graveside Chapel; Cypress 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. 00 11AM

Lot 470 Grave - Row - Section 1 Division/Block 8

Grave space & Care Fund

Additional spaces and care fund Preceded 5-6-87

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee Pu-Set Vase - (order) 15.92

Recording and filing fee 35.00

Sales taxes

Total Due 35.00

Paid receipt number 37110 50.92

Balance due 0

Will bury sheets after

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Mary Lee Turpie
Signature

981 Law St.
Address

San Diego Ca 92109
City

270-1407 Zip Code

Telephone

Work Order # E 7799

Invoice # _____

Acct. # _____

E-7799
No. _____

INTERMENT ORDER

TO MT. HOPE CEMETERY
~~EL CAMINO MEMORIAL PARK~~

Dated _____, 19____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the _____ remains of

in Grave _____ Lot _____ Lawn _____

Niche _____

Crypt _____

Relation to Owner _____ Notation _____

I/we hereby certify that I am/we are the _____ of the above-named decedent and this is your authority to make disposition of the remains of said decedent as above indicated. I/we hereby certify and represent that I/we have the right to make this authorization, and I/we agree to hold El Camino Memorial Park harmless from any liability on account of said authorization and interment.

I/we hereby certify that I am/we are the owner of the said grave, crypt or niche, and hereby authorize the above interment.

Relative's Name Ethel May Sherman

Address _____

(Grave, Crypt or Niche Owner must sign here if not a relative)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-7799

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

DECEDENT Harry Lee Carrier		SEX Male	DATE OF BIRTH Sept. 9, 1892	DATE OF DEATH Dec. 16, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Ethel Sherman - Daughter	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON MAKING ARRANGEMENTS) Cypress View/Bonham Brothers		ADDRESS OF FUNERAL HOME 3933 Imperial Ave. San Diego, CA.	CALIFORNIA LICENSE NUMBER 670	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 504 Forward Street La Jolla, CA. 92037

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
<div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> FOR CORONER'S USE ONLY </div> <input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED metal-non leader	SIGNATURE OF PERSON IN CHARGE OF CREMATORY [Signature]
DISPOSITION AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Bell		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT [Signature] DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED DEC 20 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/20/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature]
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		
LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E7799
No 37110

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 12/19 1988

From: Manuel Trique Address: 921 Law St. SD 92104

In full Payment of Priority Plot & Vase for
Harry L. Currier - Dec Dollars (\$) 50.92

Lot 470 Grave # Row Section 1 Division Black

Invoice No ---
Acct. No ---
W.O. E7799
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	5 00
Handling Fee	77185	10 60
Recording & Misc. Fees	77183	35 00
Pre-Need Trust	63033	
Sales Tax	80101	32
	78980	
TOTAL PAID		\$ 50 92

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

CITY AUDITOR
BEG 12 7 1988

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-16-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Engedawork Yoosef
in a Vault/Liner Funeral, date, time Mon 12/19 10:00
Church, Chapel, Graveside Shaweside; Rosedale 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 maunt (over)
only

Lot 169 Grave 11 Row Section 1 Division/Block 12

Grave space & Care Fund Single Depth 55.00

Additional spaces and care fund

Opening/Closing & Setup 96.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145.00

Paid receipt number

Balance due

I hereby certify I am the of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # 078222

Acct. # 000952

Work Order # E 7800
PV-803 (REV. 8-88)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7800

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Engedawork Yossef		SEX Female	DATE OF BIRTH July 20, 1959	DATE OF DEATH Found: Dec. 7, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Ermias Abtew - Husband 3372 Polk Avenue San Diego, California 92104	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary 5050 Federal Bl. San Diego, Ca.		CALIFORNIA LICENSE NUMBER F-1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street San Diego, California		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED N/A	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Partial Burial - no liners</i>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A <i>Single depth - Big Moslem Cemetery, Riverside</i>			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED DEC 19 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Harold L. Ramos, M.D., M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/19/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Joseph Latta</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE 169-11-1-12
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 12/16/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Re. Eugene Harris
 in a Bell Vault/Liner Funeral, date, time Monday 12/19 - 12:30 noon Chp
 Church, Chapel, Graveside Chapel # 215; Pasadena 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 155 Grave 11 Row — Section 1-1 Division/Block 12

Grave space & Care Fund	<u>256.00</u>
Additional spaces and care fund	<u>NONE</u>
Opening/Closing & Setup	<u>320.00</u>
Burial Container	<u>Bell liner - Counts 100.00</u>
Handling Fee	<u>145.00</u>
Flower vases - Merchandising fee	<u>—</u>
Recording and filing fee	<u>35.00</u>
Sales taxes	<u>6.50</u>
Total Due	<u>856.50</u>
From <u>mon</u> PAID <u>DEC 19 1988</u> MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.	Paid receipt number <u>37109</u> <u>856.50</u>
	Balance due <u>0</u>

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

 Signature of recorded holder of deed

V. Paula Sanderson
 Signature
2427 1/2 Chatsdale Ave #1
 Address
Los Angeles Ca 90014
 State
213-935-7961
 Telephone Zip Code

Work Order # **E 7801**

PT-583 (REV. 3-85)

Invoice # _____
 Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7801

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

1956

NAME OF DECEDENT Reval Eugene Harris		SEX Male	DATE OF BIRTH Sept. 28, 1908	DATE OF DEATH Dec. 11, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Mrs. Loma Williams - Mother 2427 1/2 Cloverdale Avenue Los Angeles, California 90016	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary 5050 Federal Bl. San Diego, Ca.		CALIFORNIA LICENSE NUMBER F 1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street San Diego, Ca.		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED DEC 19 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D., M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>12/19/88</u> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Reval Harris</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH San Diego Department of Health Services P.O. Box 85222 San Diego, California 92138-85222			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37109

Date: Dec 19 1988

From: Leon Williams Address: 2437 1/2 Cleveland L.A. 925-8961

Eight hundred fifty six and 00/100 Dollars (\$ 856.00)

In Full Payment of Interment of Rev. Eugene James -
Space & Service

AUDITOR
 DEC 21 1988

Lot 155 Grave 11 Row _____ Section 1 Division Block 112 1988

Invoice No. _____

Acct. No. _____

W.O. E-7801

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	50 00
80% Sales of Lots	100	200 00
Opening/Closing	77181	320 00
Burial Containers	100	100 00
Handling Fee	77185	145 00
Recording & Misc. Fees	77183	35 00
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	6.50
	78390	
TOTAL PAID	\$	856.50

90016

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date

12/19/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Julia H. Kyle

in a F. & Gault Vault/Liner Funeral, date, time Tues - 12/20 - 11:30

Church, Chapel, Graveside Chapel only; Coffin Mortuary. Chair

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 Dropoff

Lot 12 Grave 5 Row _____ Section MAS Division/Block G

Grave space & Care Fund _____

Additional spaces and care fund - No. -

Opening/Closing & Setup 320.00

Burial Container Casket 175.00

Handling Fees Removal of remains for burial 210.00

~~Flower vase~~ Marker setting fee Casket vault labor 170.00

Recording and filing fee 35.00

Sales taxes 11.37

Total Due 921.37

Paid receipt number 37113 921.37

Balance due 0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Marie Boninger
Signature

Address _____

State _____ Zip Code _____

Telephone _____

Signature of record holder of deed _____

Invoice # _____

Acct. # _____

Work Order # E 7802



E-7802

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY
DEPARTMENT

AUTHORITY TO DISINTER, ~~and~~ OR REINTER

December 20 1988
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Cremains - John W. Kyle - C-8311

from Lot 12 Grave 5 Section MAS Row - Block - Div 6
and to ~~remove the same to~~ and reinter said remains in Lot 12 Grave 5
Section - Row - Block MAS Div 6.

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, ~~and~~ and reinterment.

_____ Signature	_____ Signature	_____ Signature
_____ Relation to deceased	_____ Relation to deceased	_____ Relation to deceased
_____ Address	_____ Address	_____ Address

I hereby authorized the above disinterment: - only Daughter

Muriel Beierenger
(Lot owner must sign if not legal custodian)

466-4839-

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7802

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Julia Hortense Kyle		SEX Female	DATE OF BIRTH March 23, 1888	DATE OF DEATH Dec. 16, 1988
PLACE OF DEATH—CITY OR TOWN Spring Valley		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Muriel Reiwenger - Daughter 4691 Lee Avenue La Mesa, CA. 92041
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON TO BE CONTACTED) Cypress View/Bonham Brothers San Diego, CA.		CALIFORNIA LICENSE NUMBER 670		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED 12/20/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Clotilde Wood</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A <i>cremation O.K.</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A <i>Dupoff - Wintner - Dana Wetmore</i>		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED DEC 20 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/20/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Leopoldo [Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37113

Date: 12/19 1988

From: Muriel Bergman Address: 4691 Lee Ave - La Mesa - 92041

Two hundred and thirty seven and 100/100 Dollars (\$ 921³⁷)

In full Payment of Interment of Julia and removal & reinterment of remains of John Whyte - **CITY AUDITOR**

Lot 12 Grave 5 Row _____ Section MAS Division Block DEC 27 1988

Invoice No. _____
 Acct. No. _____
 W.O. F7802
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

PAID

DEC 19 1988

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY Seogen [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>320 00</u>
Burns/Containers	100	<u>175 00</u>
Death Handling Fee	77185	<u>380 00</u>
Recording & Misc. Fees	77183	<u>35 00</u>
Pre-Need Trust	63033	
Sales Tax	80101	<u>11 37</u>
	78390	
TOTAL PAID	\$	921 37

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 5690

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

12 noon

(X)

Date 12/19/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eleanor Jordan (X)

in a Cremains Vault Vault/Liner Funeral, date, time Fri - Nov - 12/23

Church, Chapel, Graveside at home Consol- Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 114 Grave 11 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund Space for lun 150⁰⁰

Additional spaces and care fund none

Opening/Closing & Setup 105⁰⁰

Burial Container Cremains Concrete Vault 40⁰⁰

Handling Fees Labor 60⁰⁰

Flower vases - Marker setting fee _____

Recording and filing fee 35⁰⁰

Sales taxes 2.60

Total Due 392⁶⁰ 392⁶⁰

Paid receipt number 37112 392⁶⁰

Balance due 0

9:30
12-noon
Schmitt

Pre-Interment

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Wanda L Jordan

Signature 74242 Manzanita dr

Address San Ca 92105

State _____ Zip Code _____

Telephone 282 3476 / 906 6763

Work Order # E 7803

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7803

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT ELEANOR C. JORDAN		SEX Female	DATE OF BIRTH March 4, 1920	DATE OF DEATH Dec. 17, 1988
PLACE OF DEATH—CITY OR TOWN La Mesa	PLACE OF DEATH—COUNTY (IF STATE IS NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Sandra L. Jordan - Daughter 4242 Manzanita Drive San Diego, CA 92105	
NAME AND ADDRESS OF FUNERAL DIRECTOR, OR PERSON ACTING AS SUCH Conrad Lemon Grove Mortuary 7387 Broadway-Lemon Grove, CA 92045		CALIFORNIA LICENSE NUMBER F941		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 2 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input checked="" type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 3 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4 SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA 92102		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda, Inc. 14065 Old Highway 80 El Cajon, CA 92021	DATE CREMATED 12/19/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT <i>[Signature]</i>	
			DATE SIGNED December 17, 1988	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED DEC 19 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/22/88	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN OTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A			

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSI-

OFFICIAL RECEIPT

No 37112



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Date: 12-19-88

From: Sandra Jordan Address: Lemon Grove

Three Hundred Twenty Two and 60/100 Dollars (\$ 392.60)
 In full Payment of Amendment of Eleanor Jordan

Lot 114 Grave 11 Row _____ Section 2 Division Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7803
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	<u>30 00</u>
80% Sales of Lots	100	<u>120 00</u>
77184		
Opening/Closing	100	<u>105 00</u>
77181		
Burial Containers	100	<u>40 00</u>
77182		
Handling Fee	100	<u>60 00</u>
77185		
Recording & Misc. Fees	100	<u>35 00</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	<u>2 60</u>
78390		
TOTAL PAID	\$	<u>392 60</u>

DEC 27 1988
 CITY AUDITOR

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 AC-212 (Rev. 10-87) 2014

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 12/19/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Devoe

in a Bellman Funeral, date, time Wed - 2PM - 12/21
Vault/Line
 Church, Chapel, Graveside _____; Armadale 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 147 Grave _____ Row _____ Section 3 Division/~~Block~~ 9

Grave space & Care Fund 195.00

Additional spaces and care fund none

Opening/Closing & Setup 195.00

Burial Container Bellman Line 75.00

Handling Fees labor 25.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 4.87

Total Due 529.87

Voided
See # E-7806

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 agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____
 Address _____
 State _____ Zip Code _____
 Telephone _____

Work Order # **E 7804**

Invoice # _____
 Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-20-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
 of HELEN R. WATSON
in a Ash Vault ^{Vault/Liner} Funeral, date, time Wed 11am 12-11-88
Church, Chapel, Graveside Witness : Family Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran NO

Lot 5 Grave 1 Row _____ Section MAS Division/Block P

Grave space & Care Fund prepaid E 4088 _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 40.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____ 2.60

Total Due _____ 242.60

Paid receipt number 37114 242.60

Balance due 0

*Called in
by JoAnn
Watson*

I hereby certify I am the Sp - of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

John Watson
Signature

10323 Georgetown Pike
Address

Great Falls VA. 22066
City

(703) 759-2238 Zip Code

Telephone

Work Order # E 7805

PR-593 (REV. 8-86)

Invoice # _____

Acct. # _____

E7805

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH—DIVISION OF VITAL RECORDS—RICHMOND

REGISTRATION AREA NUMBER 129 CERTIFICATE NUMBER 1901 STATE FILE NUMBER

1. FULL NAME OF DECEASED Helen Alice Watson 2. SEX male female 3. RACE White
4. DATE OF DEATH Oct. 26, 1987 5. AGE 91 6. DATE OF BIRTH Feb. 20, 1896 7. WAS DECEASET EVER IN U.S. ARMED FORCES?

8. NAME OF HOSPITAL OR INSTITUTION OF DEATH Iliff Nursing Home 9. COUNTY OF DEATH Fairfax
10. CITY OR TOWN OF DEATH Dunn Loring 11. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 8000 Iliff Drive

12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia 13. COUNTY OF DECEASED'S RESIDENCE Fairfax
14. CITY OR TOWN OF RESIDENCE Great Falls 15. STREET ADDRESS OR RT. NO. OF RESIDENCE 10323 Georgetown Pike ZIP CODE 22066

16. NAME OF FATHER OF DECEASED Theodore Johnson 17. MAIDEN NAME OF MOTHER OF DECEASED Viola MacPherson
18. CITIZEN OF WHAT COUNTRY U.S.A. 19. BIRTHPLACE (State or country) Gillette, Colo. 20. NEVER MARRIED DIVORCED MARRIED WIDOWED
21. IF MARRIED OR WIDOWED, NAME OF SPOUSE John Rollin Watson
22. SOCIAL SECURITY NUMBER 533-10-9569 23. USUAL OR LAST OCCUPATION Retired Telephone Operator 24. KIND OF BUSINESS OR INDUSTRY Pacific Telephone and Telegraph 25. INFORMANT—OR SOURCE OF INFORMATION John R. Watson, Jr.

26. CAUSE OF DEATH (Enter only one cause for Part I. Death was caused by: IMMEDIATE CAUSE (A) Alzheimer's Disease 7-8 yrs
DUE TO (B) DUE TO (C)
TO PHYSICIAN: Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. Diabetes Mellitus; ASVD 28. AUTOPT? AUTHORIZED BY: X
29a. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? 29b. IF EXTERNAL CAUSE, IT WAS PRIMARY CONTRIBUTING TO CAUSE OF DEATH
29c. TIME OF INJURY 29d. INJURY OCCURRED 29e. PLACE OF INJURY 29f. (city or town) (county) (state)

26. To the best of my knowledge, death occurred at 4:00 (s.m.) on the date and place and from the cause(s) stated.
ACTUAL SIGNATURE Frederick W. Hubach DATE SIGNED:
NAME OF ATTENDING PHYSICIAN (Type or Print) FREDERICK W. HUBACH MD. ADDRESS OF ATTENDING PHYSICIAN 6715 WHITTER AVE M'LEAN VA

FUNERAL DIRECTOR 27. BURIAL REMOVAL CREMATION 28. PLACE OF BURIAL, REMOVAL, ETC. Metropolitan Crematory, Alexandria, VA
29. Signature of funeral director or person legally filing this certificate J. Buckley Green NAME OF FUNERAL HOME AND ADDRESS Green Funeral Home, Herndon, VA

REGISTRAR 30. Signature of registrar Wayne Johnson DATE RECORD FILED 10/27/87

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD FILED WITH THE FAIRFAX DEPARTMENT OF HEALTH, FAIRFAX VIRGINIA.

DATE ISSUED 10/27/87 W. Johnson REGISTRAR OR DEPUTY

(SEAL) ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE. DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE FAIRFAX DEPARTMENT OF HEALTH CLEARLY AFFIXED.

MARGIN RESERVED FOR BINDER... IMPORTANT: Use black ribbon in... MARION BINDER FOR BINDER...

VS 8 11/84

E7805

Certificate of Cremation

BY THE

METROPOLITAN CREMATORY

This Certifies That HELEN A. WATSON AGED 91

DATE OF DEATH OCTOBER 26, 1987 WAS CREMATED AT THE

METROPOLITAN CREMATORY ON OCTOBER 27, 19 87,

AND THESE ARE THE INCINERATE REMAINS OF SAID BODY.

REGISTERED No. 2-105-37

John P. [Signature]
SUPERINTENDENT

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR



CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37114

From: John Watson Address: Great Falls Va 22066 Date: 12/21 1988
Two hundred forty two and 60/100 Dollars (\$ 242.60)
 in full Payment of Assessment of Helen A Watson City Sec

Lot 5 Grave E 7805 Row ~ Section MAS Division Block DEC 27 1988

Invoice No. _____
 Acct. No. _____
 W.O. E 7805
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 3842

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
 37114
 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	105.00
Burial Containers	100	40.00
Handling Fee	77182	60.00
Recording & Misc. Fees	77185	35.00
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	2.60
	78360	
TOTAL PAID		\$ 242.60

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/20/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lloyd W. Davoe, Jr. in a Bell Liner - Vault/liner Funeral date, time Wed - 12/21/ 2 PM Church, Chapel, Graveside Chapel & S.S.; Paydole Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 109 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	<u>56⁰⁰</u>
Additional spaces and care fund	<u>none</u>
Opening/Closing & Setup	<u>320⁰⁰</u>
Burial Container	<u>100⁰⁰</u>
Handling Fees	<u>145⁰⁰</u>
Flower vases - Marker setting fee	<u>—</u>
Recording and filing fee	<u>35⁰⁰</u>
Sales taxes	<u>6⁵⁰</u>

Total Due 1201.50

Paid receipt number 3/24/89 1201.50

Balance due 0

30 day note

I hereby certify I am the Mother of minor child of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Cecilia Barr
 Address 227 Norton Ave #D
 State California Zip Code 92050
 Telephone (619) 477-6812

Signature of recorded holder of deed _____

Work Order # **E 7806**

Invoice # 078230
 Acct. # 028712

W.O. # E-7806

NOTE

\$ 1201.⁵⁰ San Diego, California

Dec 20 1988

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Twelve Hundred One and 50/100 DOLLARS with interest from Jan 23, 1989 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix, as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME Cecilia Barr SIGNATURE Cecilia Barr

ADDRESS 227 Norton Ave #D NC, CA 92050

CALIF. DRIVERS LIC. # 50120465

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7806

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Lloyd Willbert Devoe, Jr.		SEX Male	DATE OF BIRTH Feb. 8, 1964	DATE OF DEATH Dec. 18, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Sylvia Devoe - Mother 4968 Date Place San Diego, California 92102
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary			CALIFORNIA LICENSE NUMBER F 1329	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">FOR CORONER'S USE ONLY</p> <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A, metal	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY [Signature]
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Bell		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT [Signature]
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED DEC 20 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/21/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-21-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna L. Ware

in a Liner Vault/Urner Funeral, date, time Fri. 1pm 12-23-88

Church, Chapel, Graveside Church, S.S. ; CA BURIAL CHAPEL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 127 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	<u>495.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>320.00</u>
Burial Container <u>Liner</u>	<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>6.50</u>
Total Due	<u>1106.50</u>
Paid receipt number <u>3715</u>	<u>300.00</u>
Balance due	<u>801.50</u>

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 _____

Hannel Ware
Signature
1015 39th Apt. C.
Address
San Diego Calif 92105
State Zip Code
527 600-4
Telephone

Work Order # E 7807
PY-563 (REV. 8-86)

Invoice # 078229

Acct. # 028713

W.O. # E7807

NOTE

\$ 801.50

San Diego, California

12-21-19 88

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Eight hundred one dollar and 59/100 DOLLARS with interest from January 23, 1989 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME HANNIBAL WARE SIGNATURE Hannibal Ware

ADDRESS 1015 39th St. S.D. CA 92105

CALIF. DRIVERS LIC. # C55 99035 EXP. 1989

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7807

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Anna Louise Ware	SEX Female	DATE OF BIRTH 8-18-1950	DATE OF DEATH 12-18-1988
PLACE OF DEATH—CITY OR TOWN National City	PLACE OF DEATH—COUNTY OR STATE IF NOT IN CALIFORNIA San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Hannibal Ware (Husband) 1015 39th Street #C San Diego, CA 92105	
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5602 El Cajon Blvd. San Diego, CA		CALIFORNIA LICENSE NUMBER E-1357	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10 DISPOSITION PENDING </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Silver Adlington - Woodin	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Bell		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <i>[Signature]</i>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED DEC 22 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/15/2/12 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A		
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37115

Date: 12-21, 1988

From: Rannibal Ware Address: 1015 39th St. Apt. C, S.D. CA 92105

Three hundred dollars and xx/100 Dollars (\$ 300.00)

In part Payment of Anna J. Ware interment

Lot 127 Grave 5 Row _____ Section 2 Division Block 12

Invoice No _____

Accl. No _____

W.O. E 7807

BALANCE DUE 801.50

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY W.J. League

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>300</u>	<u>-</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	69033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>300</u>	<u>00</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 12-21-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Earlita Walker in a Conute Home Funeral, date, time Fri 12/23 11 am Church, Chapel, Graveside Chapel, G.S.; Ragsdale Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

✓ Lot 39 Grave 7 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	<u>250⁰⁰</u>
Additional spaces and care fund	<u>none</u>
Opening/Closing & Setup	<u>320⁰⁰</u>
Burial Container	<u>Home - Conute</u> <u>100⁰⁰</u>
Handling Fees	<u>Labor</u> <u>145⁰⁰</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>35⁰⁰</u>
Sales taxes	<u>6⁵⁰</u>
<u>Via Ragsdale</u> <u>May Lavin PA</u> <u>694-3507</u> <u>Creditors</u>	Total Due
	<u>856⁵⁰</u>

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State _____ Zip Code _____

Telephone

Work Order # E 7808

Invoice # _____

Acct. # 010

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7808

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT M EARLINE WALKER		SEX Female	DATE OF BIRTH Sept. 25, 1915	DATE OF DEATH Dec. 18, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Leroy Isoma - Nephew 209 Ericson Ave. Buffalo, N. Y. 14215	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA		CALIFORNIA LICENSE NUMBER F 1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Cloth Covered Wooden 4/2	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY (CREMATED REMAINS)	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Bellhine (P.A. Estate)		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A May Jagen - PA		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED DEC 22 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/23/88 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Ramos, M.D. M.M.
	39-7-3-12		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION May Jagen
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH San Diego Dept. of Health Services P.O. Box 85222 San Diego, CA 92138-5222		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

2.
3.
4.
5.

Call in AM

4. SUBJECT

E7808

5. COMMENTS

Mrs.

Sager P.A. office 694-3507

Mrs. Earline Walker

Fri. Home Chapel

1106.00 we select.

Ragsdale

⁴⁹
2500
1106

1394

CC
895

711 37

~~2500~~ 00
1106

1106 37

~~_____~~ 390

711 37

1101.37

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 38187

Date: 6-26, 1989

From: Waste of San Diego Address: 5201-A Pacific Rd, SD

In _____ Payment of Mobile Park's Interest Dollars (\$ 856.50)

Lot 39 Grave 7 Row _____ Section 3 Division _____ Block _____

Invoice No. _____
 Acct. No. _____
 W.O. 21-7802
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184	50.00	
80% Sales of Lots	100	200.00	
Opening/Closing	100	320.00	
Burial Containers	77181	100.00	
	100	145.00	
Handling Fee	77182		
Recording & Misc. Fees	100	35.00	
Pre-Need Trust	77183		
Sales Tax	63033		
	9022		
	60101	6.50	
	78390		
TOTAL PAID	\$	856.50	

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 035/62

ISSUED BY [Signature]

CITY AUDITOR
 JUN-30 1989

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 12/22/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Trava Hatcher

in a T.S. Vault Funeral, date, time 12/29/Tues/1PM

Church, Chapel, Graveside Chapel 8S; Pacific Beach 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 3689 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Per need C-6146 _____

Additional spaces and care fund none left _____

Opening/Closing & Setup Per need E-4542 - Bal 25.00

Burial Container T.S. Vault Per need E-2164 _____

Handling Fees Inc E-2164 _____

Flower vases - Marker setting fee _____

Recording and filing fee Per need E-4542 _____

Sales taxes E-2164 _____

Total Due 25.00

Paid receipt number 37221 25.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # **E 7809**

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7809

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT TREVA MINERVA HATCHER		SEX FEMALE	DATE OF BIRTH SEPT. 28, 1910	DATE OF DEATH DEC. 21, 1988
PLACE OF DEATH—CITY OR TOWN SAN DIEGO		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) SAN DIEGO		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT DORTHA MILLENDER—SISTER
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR OTHER PERSON) SUCH AS PACIFIC BEACH MORTUARY—SAN DIEGO, CA 92109		CALIFORNIA LICENSE NUMBER 815	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 6460 CONVOY CT., #316 SAN DIEGO, CA 92117	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | FOR CORONER'S USE ONLY
<input type="checkbox"/> 10 DISPOSITION PENDING |
| <input checked="" type="checkbox"/> 4 SCIENTIFIC USE | | |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY—3751 MARKET ST.—SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <i>N/A Batesville Lady Rose</i>	DATE CREMATED <i>Sealer 18 Sealer</i>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <i>N/A [Signature]</i>		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <i>N/A</i>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT [Signature]
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED DEC 22 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <i>12/27/88</i>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	
	<i>3689-10</i> (ENTER DATE)	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <i>N/A</i>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE. OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 37221



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Date: 1-11, 1989

From: Pacific Land Plat. Address: 4710 Olive St., SD

Trust - for [unclear] Dollars (\$) 25.00

In Payment of Trustee's Statement

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7809

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AG-212 (Rev. 10-87) 085722

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007
20% Sales Care	77184
80% Sales of Lots	100
Opening/Closing	77184
Burial Containers	100
Handling Fee	77181
Recording & Misc. Fees	100
Pre-Need Trust	77182
Sales Tax	100
TOTAL PAID	77185
	63033
	8022
	80101
	76390
	\$ <u>25.00</u>

CITY AUDITOR
 25 00
 JAN 18 1989

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 12/22/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Marianne L. Pitts

in a Bellini Funeral, date, time Tues-2P.M. - 12/27

Church, Chapel, Graveside Church-85; Rapdale 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 978" below level of soil

Lot 19 Grave 7 Row - Section 3 Division/Block 12

Grave space & Care Fund D.I.P. - (1982-Napoleon)

Additional spaces and care fund none

Opening/Closing & Setup 320⁰⁰

Burial Container Linex 100⁰⁰

Handling Fees labor 145⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 6.50 35⁰⁰

Sales taxes 606.50

Total Due

Paid receipt number 37119 606.50

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Shirone Woodard
Signature

2197 Everett Ave
Address

San Diego, CA 92112
City

8619-232-7372
Telephone

Work Order #

E 7810

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7810

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT MINNIE LEE PITTS		SEX Female	DATE OF BIRTH May 15, 1900	DATE OF DEATH December 20, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Irene Woodall 2187 Everett Avenue San Diego, California 92113	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER F 1329		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 10. DISPOSITION PENDING |

FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Metal non sealed - Bell Linn	DATE CREMATED
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Bell is 9 5/8" below level of soil	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/27/88 (ENTER DATE)	DATE PERMIT ISSUED DEC 23 1988
	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Joyce Stetter	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Marshall E. Powers, M.D.M.M.
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH San Diego Dept. of Health Services P.O. Box 85222 San Diego, CA. 92138-5222	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE.....TO CUSTOMER
 CANARY.....CEMETERY
 PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37119

Date: 12/22/88, 1988

From: Evangelist [unclear] Address: PO Box 2606 Rd. 92112

In full Payment of Invoice of and for Marie L. Potts - [unclear] Dollars (\$ 606⁵⁰)

Lot 19 Grave 7 Row _____ Section 3 Division Block 1/27

Invoice No. _____
 Acct. No. _____
 W.O. E-7810
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

2/13

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Com	77184		
50% Sales of Lots	100		
Opening/Closing	77181	<u>320</u>	<u>00</u>
Burial Containers	100	<u>100</u>	<u>00</u>
Handling Fee	77182	<u>145</u>	<u>00</u>
Recording & Misc. Fees	77185	<u>35</u>	<u>00</u>
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>6</u>	<u>50</u>
	76380		
TOTAL PAID		<u>606</u>	<u>50</u>

AUDITOR
 DEC 27 1988

For Melton Flournoy (son)

Credit Sales

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lelia Mae Joiner

in a liner Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 175 Grave 13E Row _____ Section 2 Division/~~B~~ 12

Grave space & Care Fund pre need for liner 495.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

pd for full 10-30-88

Total Due 495.00

Paid receipt number 37121 21.00

Balance due 474.00

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 _____

Lelia Mae Joiner
Signature
5354 Trinidad Way
Address
San Diego Ca 92114
State Zip Code
619-264-4785
Telephone

Work Order # E 7811
PY-583 (REV. 3-86)

Invoice # _____
Acct. # _____

Joiner-Harris

NAME Joiner, Lelia Mae

ACCT. NO. E-7811

ADDRESS 5554 Trinidad Way, San Diego, Ca 92114

RATING LIMIT

DATE	ITEMS	DEBIT	CREDIT	BALANCE
22 88	Lot 175, Grave 1, Section 2, Division 12	495.00	21.00	474.00
1-4 89	Coupon 1, Receipt 37163		21.00	453.00
2-9 89	Coupon 2, Receipt 37343		21.00	432.00
3-9 89	Coupon 3, Receipt 37486		21.00	411.00
4-12 89	Coupon 4, Receipt 37669		21.00	390.00
5-4 89	Coupon 5, Receipt 37753		21.00	369.00
6-6 89	Coupon 6, Receipt 38119		21.00	348.00
7-7 89	Coupon 7, Receipt 38208		21.00	327.00
8-10 89	Coupon 8, Receipt 38410		21.00	306.00
9-11 89	Coupon 9, Receipt 37927		21.00	285.00
10-12 89	Coupon 10, Receipt 38097		21.00	264.00
11-9 89	Coupon 11, Receipt 38547		21.00	243.00
1-17 90	Coupon 12 & 13, Receipt 38763		21.00	222.00
2-6 90	Coupon 14, Receipt 38857		21.00	201.00
3-16 90	Coupon 15, Receipt 39016		21.00	180.00
4-12 90	Coupon 16, Receipt 39124		21.00	159.00
5-21 90	Coupon 17 & 18, Receipt 39257		43.00	116.00
6-18 90	Coupon 19, Receipt 39374		21.00	95.00

pd 7/11/90
12-30-90

E 7811

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Credit Sales

For Melton Flournoy (son)

Date 12-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lelia Mae Joiner

in a liner Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 175 Grave 13E Row _____ Section 2 Division/~~B~~ 12

Grave space & Care Fund pre-need for liner 495.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 495.00

Paid receipt number 37121 21.00

Balance due 474.00

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 _____

Lelia Mae Joiner
Signature
5554 Trinidad way
Address
San Diego Ca 92114
State Zip Code
619-264-4755
Telephone

Work Order # E 7811
Pr. 583 (REV. 9-88)

Invoice # _____
Acct. # _____

E 7811

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 22 day of December, 1988, between Lelia Mae Joiner, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 175, Grave 1, Row , Section 2, ~~Block~~/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$495.00, payable as follows: \$21.00 cash herewith, the receipt of which is hereby acknowledged; \$21.00 on the 15 day of January, 1989; and the balance in installments of \$21.00 or more, payable at the office of Mt. Hope Cemetery, on the 15th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE- STATED PRICE CONVEYS ONLY THE INTERMENT RIGHT IN ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE- STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into the Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

E 7811

WITNESS our hands this day and year above written.

Deed to be issued to:

22 @ \$21.00
1 @ \$12.00

Ms Lela Mae Joiner
Name

3554 Trinidad Way
Address

PURCHASER

Street Address (Mail)

City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Wendy Jo League

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
 MOUNT HOPE CEMETERY
 284-3151

No 37121

Date: 12-22-1988

 From: Lelia Mae Jones Address: 5554 Trinidad Way S.D. 92114
Twenty-one dollars and xx/100 Dollars (\$ 21.00)

 In part Payment of pre-need lots for Shelton Flournoy

 Lot 175 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 7811BALANCE DUE 474.00Pre-Need Lot At Need On Acct Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

W. J. League

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	21	-
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	89033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	21	-

 CITY AUDITOR
 DEBY
 1988

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37163

From: Helia Jochen Address: 5554 Trinidad Way, SD Date: 1-4, 19 89
Twenty-one no/100 Dollars (\$ 21.00)
 In _____ Payment of Coupon Credit

Lot 125 Grave 1 Row _____ Section 2 Division 12 Block 12

Invoice No. _____
 Acct. No. _____
 W.O. 2-7811
 BALANCE DUE 453.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

2078

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
 CITY AUDITOR
 JAN 09 1989
 ISSUED BY Andres Vard

CREDIT	62007	
20% Sales Conv	77184	
80% Sales of Lots	100	<u>21.00</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	
	9022	
	80101	
	76390	
TOTAL PAID	\$	<u>21.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37343

Date: 2-9, 1989

From: Lelia Jones Address: 8554 Miramar Way, SD 92114

Twenty-one no 1100 Dollars (\$ 21.00)

In Payment of coupon & credit set

Lot 175 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 2-7811

BALANCE DUE 432.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AG-212 (Rev. 10-87)

2112

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>21.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>21.00</u>

CITY AUDITOR
 FEB 16 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37669

Date: 4-12, 1989

From: Selia Mac perini Address: 5554 Avenida Way, S

In Twenty-one Dollars (\$ 21.00)
 Payment of Balance 4 Credit Lot

Lot 175 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7611

BALANCE DUE 390.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
APR 21 1989

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Com	77184	
60% Sales of Lots	100	<u>21 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>21 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37486

From: Alia Jones Address: 5554 Sunnyside Wy, SB Date: 3-9, 1989
twenty one no 110 Dollars (\$ 21.00)
 In Payment of coupon 3 Credit Sat

Lot 175 Grave 1 Row 1 Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. 2-7811
 BALANCE DUE 411.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT	87007	
20% Sales Tax	77184	
60% Sales of Lots	100	<u>21.00</u>
Opening/ Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	60033	
Sales Tax	8022	
	60101	
	78390	
TOTAL PAID	\$	<u>21.00</u>

CITY AUDITOR
 MAR 16 1989

OFFICIAL RECEIPT

No 37753



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

From Selia Jones Address: 5554 Trumbull Way, SD -Date: 5-4 1989
Twenty one 20/100 Dollars (\$ 21.00)
In _____ Payment of Coupon 5 Credit

Lot 175 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____
Acct. No. _____
W.O. E-7811
BALANCE DUE 369.00

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY Andrea [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>21.00</u>

City Auditor
MAY 08 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 38119

From: Edna Jones Address: 5554 Trinidad, SD Date: 6-6, 1989
Twenty-one and no/100 Dollars (\$ 21.00)
 in _____ Payment of Coupon to Credit Lot

Lot 175 Grave 1 Row _____ Section 2 Division 12 Block 12

Invoice No. _____
 Acct. No. _____
 W.O. 2-7811
 BALANCE DUE 346.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

8231

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 JUN 09 1989

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>21</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	76390		
TOTAL PAID	\$	<u>21</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

№ 38248

From Lelia Mac Joaquin Address: 5554 Avenida Pico, S
Twenty-one, 92100
 Date: 7-7, 1989
 Dollars (\$) 21.00
 In _____ Payment of Major 7 Credit Int

Lot 175 Grave 1 Row _____ Section 2 Division 12
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. 2-7811
 BALANCE DUE 327.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>21.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Trust	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>21.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
4259

CITY AUDITOR
 JUL 14 1989

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

№ 38410

Date: Aug 10, 1989

From: Lillian M. Jones Address: 55551 Drunidad Way

Swanton Dollars (\$) 21.1
 in part Payment of Credit + Lot

Lot 175 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. 11
 BALANCE DUE 206

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>211</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>211</u>

CITY AUDITOR
AUG 21 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

NO 37927

Date: 9-11, 19 89

From: Lelia Mae Joiner Address: 5554 TRINIDAD Way San Diego 92114

Twenty one Dollars & no/100 Dollars (\$ 21.00)

In PART Payment of CREDIT LOT Coupon # 9

Lot 175 Grave 1 Row ~ Section 2 Division 12

Invoice No. _____

Acct. No. E 7811

W.O. _____

BALANCE DUE 285.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>21 00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>21 00</u>

ISSUED BY Sally Innot

2312

CITY AUDITOR
 SEP 18 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 38047

Date: 10-12, 1989

From: Leticia Mac Jones Address: 554 Trinidad Way, SP
Twinto - Inc. No 1100

In Payment of Balance 10 Credit Lot Dollars (\$) 21.00

Lot 175 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. 2-7811
 BALANCE DUE 264.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

2337

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Andra Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>21.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>21.00</u>

AUDITOR
 OCT 16 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 38547

From: Elia Mae Jones Address: 5554 Juniper Way, SD Date: 11-9 19 89
Twenty-one 20/100 Dollars (\$ 21.00)
 In _____ Payment of Cash for 11 credit mt

Lot 175 Grave 1 Row _____ Section 2 Division 12
 Block 12

Invoice No. _____
 Acct. No. _____
 W.O. 8-7811
 BALANCE DUE 243.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

2363

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Andrea O'Neil

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>20 CITY</u>
Opening/Closing	77184	<u>AUDITOR</u>
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	<u>NOV 13 1989</u>
TOTAL PAID	77185	
	100	
	77183	
	83033	
	9022	
	80101	
	78390	
		<u>21 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

CITY AUDITOR

NO 38783

JAN 22 1990

Date: 1-17, 19 90

From: Lelia Jones Address: 554 - Avenida Wm. L

Unit - three 1st fl Dollars (\$ 43.00)

In Payment of Deposit 12 & 12 Credit set

Lot 175 Grave 1 Row _____ Section 2 Division 12
 Block 12

Invoice No. _____

Acct. No. _____

W.O. 2-7811

BALANCE DUE 200.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

2415

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Lelia Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>43.00</u>
77184		
Opening/Closing	100	
77161		
Burial Containers	100	
77162		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
76390		
TOTAL PAID	\$	<u>43.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

119 38851

Date: 2-6, 19 90

From: Felia M. [unclear] Address: 122 Las Flores Terrace, SD 92114

Twenty-One Dollars Dollars (\$ 21.00)

In _____ Payment of Credit Lot

Lot 175 Grave 1 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-7811

BALANCE DUE 179.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

2415

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>21.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	\$ <u>21.00</u>

CITY AUDITOR

FEB 12 1990

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR

NO 89016

MAR 20 1990

Date: 3-16 1990

From: Lelia Mae Jones Address: 5554 Trinidad Way
Monterey Bc 7140 Dollars (\$ 21.00)

In _____ Payment of Credit for

Lot 175 Grave 1 Row _____ Section 2 Division 12

Invoice No _____

Acct. No _____

W.O. F-1811

BALANCE DUE _____

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 2444

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY J. Paul Wait

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100	<u>21</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>21</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

CITY AUDITOR **NO 39124**

APR 16 1990

Date: 4-12, 1990

From: Lelia Jean Davis Address: 122 Los Flores Terrace St Paul

Payment of Twenty one Dollars Dollars (\$ 21⁰⁰)
Credit for

Lot 175 Grave 1 Row _____ Section 2 Division 12

Invoice No. _____
 Acct. No. _____
 W.O. E-7811
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

ISSUED BY J. [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>21</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78380		
TOTAL PAID	\$	<u>21</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

CITY AUDITOR

NO 39251

MAY 29 1990

Date: 5-21, 1990

From: Delia Jean Martin Address: 123 Las Flores Terrace, #92114

in City of San Diego Payment of Graves Plot Dollars (\$ 43.⁰⁰)

Lot 175 Grave 1 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. F-1811

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 2496

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>43</u> <u>00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>43</u> <u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39631

Date: 8-22- , 1970

From: Lelia Mae Joiner Address: 554 Vermont Way San Diego, Ca. 92114

Twenty One and 00/100 Dollars (\$ 21.00)

in Payment of Credit Due

Lot 175 Grave 1 Row — Section B Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7911

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-67) # 2578

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Rob Jones

CREDIT	67007	
20% Sales Care	77184	<u>21.00</u>
80% Sales of Lots	100	21.00
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>21.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39374

Date: 6-18, 1990

From: Felia Jones - Harris Address: 122 San Flores Avenue

Mersey Ave 710/100 Dollars (\$ 21⁰⁰)

In _____ Payment of Credit Let.

Lot 175 Grave 1 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. F-4811

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	<u>21 00</u>
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	83033	
9022		
Sales Tax	80101	
78380		
TOTAL PAID	\$	<u>21 00</u>

CITY AUDITOR
 JUN 25 1990

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39501

From: Lucia Garcia-Lopez Address: 135 Las Flores Ter, La Jolla, CA 92034
 Date: 7-19, 1990

In Payment of Quitting Fee Dollars (\$ 21.00)
of Credit for

Lot 145 Grave 1 Row _____ Section 2 Division 12
 Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-1784
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	<u>21.00</u>
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>21.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

ISSUED BY [Signature]

2551

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 39882

Date: 10-30, 1990

From: John & Jane Doe Address: 122 Elm St., San Diego, CA 92114

Thirty Four Dollars (\$ 34.00)

In Payment of Grave Fee

Lot 175 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-1811

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

2640

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>34.00</u>
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>34.00</u>

Send or bring one coupon with each remittance**COUPON****1****DO NOT MAIL ENTIRE BOOK**



ACCOUNT No. E-7811

Credit Lot

Lelia Mae Joiner
 5554 Trinidad Way
 San Diego, Ca 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
15											

Amount due when paid on, or before,
due date above.
 \$ 21.00
Amount due if paid more than 10 days
after due date above.
 \$ 1.00
\$ 22.00

Amount Received, \$

21.00

NAME

Ms Lelia Mae Joiner

ADDRESS

5554 Trinidad Way

CITY

San Diego,

STATE

Ca

ZIP

92114 check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7811 Credit Lot

Lelia Mae Joiner
5554 Trinidad Way
~~XXXX~~ San Diego, Ca, 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
15											

Amount due when paid on, or before,
due date above.

▶ \$ 21.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ 22.00

Amount Received

\$ 21.00

NAME

Lelia Mae Joiner

ADDRESS

5554 Trinidad Way

CITY

San Diego

STATE

Ca

ZIP

92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811**

Credit Lot

Lelia Mae Joiner
5554 Trinidad Way
San Diego, Ca 92114

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
15											

Amount due when paid on, or before,
due date above.

\$ 21.00

Amount due if paid more than 10 days
after due date above.

\$ 1.00

\$ _____

* Amount Received

\$ 21.00

NAME Mrs Lelia Mae Joiner

ADDRESS 5554 Trinidad Way

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811** Credit Lot

Lelia Mae Joiner
5554 Trinidad Way
XXXX San Diego, Ca 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	IAN	FEB	MAR
15											

Amount due when paid on, or before,
due date above.

▶ \$ 21.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ _____

NAME Mrs Lelia Mae Joiner Amount Received \$ 21.00

ADDRESS 5554 Trinidad Way

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7811

Credit Lot

Lelia Mae Joiner
5554 Trinidad Way
San Diego, Ca 92114

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
15											

Amount due when paid on, or before,
due date above.

\$ 21.00

Amount due if paid more than 10 days
after due date above.

\$ 1.00

\$ _____

Amount Received \$ 21.00

NAME Lelia Mae Joiner

ADDRESS 5554 Trinidad Way

CITY S. D. STATE ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7811

Credit Lot

Lelia Mae Joiner

5554 Trinidad Way

~~XXXX~~ San Diego, Ca 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
15											

Amount due when paid on, or before,
due date above.

▶ \$ 21.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ _____

Amount Received \$ 21.00

NAME Mrs Lelia Mae Joiner

ADDRESS 5554 Trinidad way

CITY San Diego STATE ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811**

Credit Lot

**Lelia Mae Joiner,
5554 Trinidad Way
San Diego, Ca 92114**

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
15											

Amount due when paid on, or before,
due date above

\$ **21.00**

Amount due if paid more than **10** days
after due date above.

\$ **1.00**

\$ _____

NAME Ms Lelia Mae Joiner

Amount Received

\$ **21.00**

ADDRESS 5554 Trinidad Way

CITY San Diego

STATE Ca

ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811**

Credit Lot

Lelia Mae Joiner

5554 Trinidad Way

San Diego, Ca 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
15											

Amount due when paid on, or before,
due date above.

\$ **21.00**

Amount due if paid more than **10** days
after due date above.

\$ **1.00**

\$ _____

NAME *Ms Lelia Mae Joiner* Amount Received \$ **21.00**

ADDRESS *5554 Trinidad Way*

CITY *San Diego* STATE *Ca* ZIP *92114*

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **5-7811**

Credit Lot

**Lelia Mae Joiner
5554 Trinidad Way
San Diego, Ca 92114**

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
15											

Amount due when paid on, or before,
due date above.

\$ 21.00

Amount due if paid more than **10** days
after due date above.

\$ 1.00

\$ _____

NAME Mr Lelia M. Joiner

Amount Received

\$ 21.00

ADDRESS 5554 Trinidad Way

CITY San Diego

STATE Ca

ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON 10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811**

Credit Lot

Lelia Mae Joiner

5554 Trinidad Way

ESSEX San Diego, Ca 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
15											

Amount due when paid on, or before,
due date above.

▶ \$ **21.00**

Amount due if paid more than **10** days
after due date above.

▶ \$ **1.00**

\$ _____

NAME

Mrs Lelia Mae Joiner

Amount Received

\$ **21.00**

ADDRESS

5554 Trinidad Way

CITY

San Diego

STATE

Ca

ZIP

92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811**

Credit Lot

Lelia Mae Joiner
5554 Trinidad Way
San Diego, Ca 92114

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
15											

Amount due when paid on, or before,
due date above.

\$ **21.00**

Amount due if paid more than **10** days
after due date above.

\$ **1.00**

\$ _____

NAME

Mrs Lelia M. Joiner

Amount Received \$

21.00

ADDRESS

5554 Trinidad Way

CITY

San Diego

STATE

Ca

ZIP

92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON 12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811**

Credit Lot

Lelia Mae Joiner

5554 Trinidad Way

San Diego, Ca 92114

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
15											

Amount due when paid on, or before,
due date above.



\$ **21.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received

\$ **22.00**

NAME

Lelia M. Joiner

ADDRESS

5554 Trinidad Way

CITY

San Diego

STATE

Ca

ZIP

92114

check (✓) if this is new address

Send or bring gas coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **B-7811**

Credit Loc

Lelia Mae Joiner
5554 Trinidad Way
San Diego, Ca 92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
15											

Amount due when paid on, or before,
due date above.

▶ \$ **21.00**

Amount due if paid more than **10** days
after due date above.

▶ \$ **1.00**

\$ _____

Amount Received \$

21.00

NAME

Lelia M. Joiner

ADDRESS

5554 Trinidad Way

CITY

San Diego

STATE

Ca

ZIP

92114

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON**

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811**

Credit Lot

Lelia Mae Joiner.

5554 Trinidad Way

KEM San Diego, Ca 92114

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
15											

Amount due when paid on, or before,
due date above.



21.00

\$

Amount due if paid more than **10** days
after due date above.



1.00

\$

\$

Amount Received

21.00

NAME **Ms Lelia Mae Joiner**

ADDRESS **122 San Flores, Terrace**

CITY **San Diego** STATE **ca** ZIP **92114**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811**

Credit Lot

**Lelia Mae Joiner
5554 Trinidad Way
San Diego, Ca 92116**

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
15											

Amount due when paid on, or before,
due date above.



\$ **21.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$

Amount Received, \$

21.00

NAME **Ms Lelia Mae Joiner - Harris**

ADDRESS **122 Las Flores, Terra.**

CITY **San Diego** STATE **Ca** ZIP **92114**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Z-7811**

Credit Lot

Lelia Mae Joiner

5554 Trinidad Way

3333 San Diego, Ca 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
15											

Amount due when paid on, or before,
due date above.



21.00

\$

Amount due if paid more than **10** days
after due date above.



1.00

\$

\$

Amount Received

\$

21.00

NAME

Mr Lelia Mae Harvie

ADDRESS

122 La Florida Terr.

CITY

San Diego

STATE

ca

ZIP

92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811**

Credit Lot

**Lelia Mae Joiner
5554 Trinidad Way
San Diego, Ca 92114**

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
19											

Amount due when paid on, or before,
due date above.



\$ **21.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

Amount Received, \$

22.00

NAME Ms Lelia M. Joiner

ADDRESS 122 San Felipe, Terr.

CITY San Diego

STATE Ca

ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811**

Credit Lot

Lelia Mae Joiner

3554 Trinidad Way

3333 San Diego, Ca 92114

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
15											

Amount due when paid on, or before,
due date above.



\$ 21.00

Amount due if paid more than **10** days
after due date above.



\$ 1.00

\$ _____

Amount Received

\$ 21.00

NAME Mr Lelia M. Harry

ADDRESS 182 Lae Flow, Terr.

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811**

Credit Lot

Lelia Mae Joiner
5554 Trinidad Way
San Diego, Ca 92114

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
15											

Amount due when paid on, or before,
due date above.



\$ **21.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

NAME Mr Lelia M. Joiner Amount Received \$ 21.00

ADDRESS 132 San Florian Lane

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON 20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **K-7811**

Credit Lot

Lelia Mae Joiner

5554 Trinidad Way

SDM San Diego, Ca 92114

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
15											

Amount due when paid on, or before,
due date above.



\$ **21.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

NAME Mr Lelia Mae Joiner Amount Received \$ 21.00

ADDRESS 122 Las Flores Terr.

CITY San Diego STATE Ca ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7811

Credit Lot

Lelia Mae Joiner

5554 Trinidad Way

San Diego, Ca 92114

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
13											

Amount due when paid on, or before,
due date above.

\$ 21.00

Amount due if paid more than 10 days
after due date above.

\$ 1.00

\$

Amount Received

\$

21.00

NAME

Mr Lelia M. Joiner

ADDRESS

122 Los Flores, Terr.

CITY

San Diego

STATE Ca

ZIP

92114

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-7511

Credit Lot

Lelia Mae Joiner

5554 Trinidad Way

ESB San Diego, Ca 92114

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
15											

Amount due when paid on, or before,
due date above.



21.00

\$

Amount due if paid more than **10** days
after due date above.



1.00

\$

\$

NAME *Mrs Lelia Mae Joiner* Amount Received \$ **22.00**

ADDRESS *122 La Florida Terr.*

CITY *San Diego* STATE *Ca* ZIP *92114*

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON 23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7811**

Credit Lot

**Lelia Mae Joiner
5554 Trinidad Way
San Diego, Ca 92114**

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
15											

Amount due when paid on or before,
due date above

▶ \$ 12.00

Amount due if paid more than 10 days
after due date above

▶ \$ 1.00

\$ _____

Amount Received

\$ 12.00

NAME Mr Lelia Mae Joiner

ADDRESS 122 Lee Lane, Sherman

CITY San Diego STATE CA ZIP 92114

check () if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-22-88

*For
Selia Young
and Selia Mae
joined
Mother
and
daughter*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Father, Selia Young

in a Double Crypt 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 175 Grave 2 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund preneed - for double crypt 495.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 495.00

Paid receipt number 37120 21.00

Balance due 474.00

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.

Signatures of recorded holder of deed

Mrs. Selia Young
Signature 1207 So. 47th St. #202
Address San Diego, Ca. 92113
State 619-263-3558 Zip Code
Telephone

Work Order # E 7812

PR-583 (REV. 8-86)

Invoice # _____

Acct. # _____

NAME Young, Lelia

ACCT. NO. E-7812

ADDRESS 1207 S. 47th Street, #202, San Diego, Ca 92113 RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
1-22 88	Lot 175, Grave 2, Section 2, Division 12	495.00		21.00	474.00
1-4 89	Coupon 192 Receipt 37171			42.00	432.00
2-9 89	Coupon 374 Receipt 37244			42.00	390.00
3-10 89	Coupon 596 Receipt 37495			42.00	348.00
4-5 89	Coupon 788 Receipt 37627			42.00	306.00
5-10 89	Coupon 9-13 Receipt 37802			105.00	201.00
6-6 89	Coupon 14-15 Receipt 38124			42.00	159.00
7-1 89	Coupons 16-17 Receipt 38255			84.00	75.00
7-11 89	Receipt 38275			75.00	.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

112 38124

From: Selia Young Address: 1207 S. 47th St #202 Date: 6-6, 1989
Int'l F. Trs Mt Hope
 In Payment of Program 14815 Credit Set Dollars (\$ 42.00)
 Lot 175 Grave 2 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7812

BALANCE DUE 159.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

000128426

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 JUN 09 1989

ISSUED BY Sandy

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>42.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>42.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA CITY AUDITOR
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 37627

APR 07 1989

Date: 4-5, 1989

From: Selva Young Address: 1207 S. 41 St #202, SD

In Payment of coupon 778 Credit Dollars (\$ 42.00)

Lot 175 Grave 2 Row 2 Section 2 Division 12
 Block 12

Invoice No. _____
 Acct. No. _____
 W.O. 2-7812
 BALANCE DUE 306.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

000125744

AC-212 (Rev. 10-57)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>42.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>42.00</u>

OFFICIAL RECEIPT

No 37802



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Date: 5-10 19 89
 From: Lelia Young Address: 12073.47th Street, S
are hundred year 70/100 Dollars (\$ 105.00)
 In: Payment of Apr 9-23 Credit def

Lot 125 Grave 2 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-7812
 BALANCE DUE 201.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77164	
80% Sales of Lots	100	<u>105.00</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
	100	
	77183	
	63033	
	9022	
	60101	
	75360	
TOTAL PAID	\$	<u>105.00</u>

CITY AUDITOR
 MAY 12 1989

000127543

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37495

Date: 3-10 1989

From: Lelia Young Address: 1207 S. 47th Street #202, SD

Spitz & Todd 10/100 Dollars (\$ 42.00)

In Payment of coupon - 346 credit

Lot 175 Grave 2 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-7812

BALANCE DUE 348.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 228 2863 939

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 PAID IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>42.00</u>
Opening/Closing	100	
Burial Containers	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>42.00</u>

CITY AUDITOR
 MAR 16 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37344

Date: 2-9, 1989

From: Selia Young Address: 1207 S. 47th Street #202, SD

South - Ave 110/100 Dollars (\$ 42.00)

In Payment of Coupons 384 Credit Lot

Lot 175 Grave 2 Row _____ Section 2 Division 1/2 Block 1/2

Invoice No. _____

Acct. No. _____

W.O. E-7012

BALANCE DUE 390.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 228-2862-576

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY India Bird

CREDIT	57007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>42.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>42.00</u>

CITY AUDITOR
 FEB 16 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37171

From: Helia Young Address: 12075 - 47th Street SD #202 Date: 1-4 1989
Partly Paid Dollars (\$ 42.00)
 In: Payment of Coupon 182 Credit set

Lot 175 Grave 2 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. 2-7812
 BALANCE DUE 432.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.
 CITY AUDITOR
 JAN 09 1989
 ISSUED BY: Andrea Ward

CREDIT	67007	
20% Sales Cars	77184	
20% Sales	100	<u>42.00</u>
Office	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	53033	
	9022	
Sales Tax	90101	
	78380	
TOTAL PAID	\$	<u>42.00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37120

Date: 12-22- 1988

From: Lelia Young Address: 1207 S. 47th St Apt. 202 SD City 92113

Twenty-one dollars and ^{xx}/₁₀₀ Dollars (\$ 21.00)

In part Payment of preneed grave

AUDITOR
 DEC 27 1988

Lot 175 Grave 2 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. L 7812

BALANCE DUE 474.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY W.J. League

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>21 -</u>
Opening/ Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>21 -</u>

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7812

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
15											

Amount due when paid on, or before,
due date above.



\$ 21.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ 22.00

\$ 21.00

NAME Ms Lelia Young Amount Received

ADDRESS 1207 So. 47th St. Apt. 202

CITY San Diego STATE Ca ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7812

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
15											

Amount due when paid on, or before,
due date above.

▶ \$ 21.00

Amount due if paid more than 10 days
after due date above.

▶ \$ 1.00

\$ 22.00

NAME

Ms. Lelia Young

Amount Received

\$ 21.00

ADDRESS

1207 S. 47th St. Apt. 202

CITY

San Diego

STATE

Ca

ZIP

92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7812**

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
15											

Amount due when paid on, or before,
due date above.

\$ 21.00

Amount due if paid more than 10 days
after due date above.

\$ 1.00

\$ _____

\$ 21.00

Amount Received

NAME Mr Lelia Young

ADDRESS 1207 S. 47th St. Apt. 202

CITY San Diego STATE Ca ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7812**

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
15											

Amount due when paid on, or before,
due date above.

\$ 21.00

Amount due if paid more than 10 days
after due date above.

\$ 1.00

\$ _____

Amount Received

\$ 21.00

NAME

Ms Lelia Young

ADDRESS

1207 So. 47th St. Apt. 202

CITY

San Diego

STATE

Ca

ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7812**

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
15											

Amount due when paid on, or before,
due date above.



\$ 21.00

Amount due if paid more than _____ days
after due date above. 10



\$ 1.00

\$ _____

Amount Received

\$ 21.00

NAME Mrs. LELIA YOUNG

ADDRESS 1207 S. 47th St. Apt. 202

CITY San Diego, STATE Ca ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7812**

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
15											

Amount due when paid on, or before,
due date above.



\$ 21.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received

\$ 21.00

NAME Mrs Lelia Young

ADDRESS 1207 S. 47th St. Apt. 202

CITY San Diego

STATE Ca

ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7812**

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
15											

Amount due when paid on, or before,
due date above.

\$ 21.00

Amount due if paid more than 10 days
after due date above.

\$ 1.00

\$ _____

NAME

Mr Lelia Young

Amount Received

\$ 21.00

ADDRESS

1207 So 47th St. Apt. 202

CITY

San Diego

STATE

Ca

ZIP

92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7812**

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
15*											

Amount due when paid on, or before,
due date above.



\$ 21.00

Amount due if paid more than 10 days
after due date above.



\$ 1.00

\$ _____

Amount Received

\$ 21.00

NAME

Ms Lelia Young

ADDRESS

1207 S. 47th St. Apt. 202

CITY

San Diego

STATE

ca

ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7812**

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
15									.		.

Amount due when paid on, or before,
due date above.



\$ **21.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

NAME Ms Lelia Young Amount Received

\$ 21.00

ADDRESS 1207 So. 47th St. Apt. 202

CITY San Diego

STATE Ca

ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-7812**

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
15											

Amount due when paid on, or before,
due date above.

\$ **21.00**

Amount due if paid more than **10** days
after due date above.

\$ **1.00**

\$ _____

NAME

Mr Lelia Young

Amount Received

\$ **21.00**

ADDRESS

1207 So. 47th St. Apt. 202

CITY

San Diego

STATE

Ca

ZIP

92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7812

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
15											

Amount due when paid on, or before,
due date above.

\$ **21.00**

Amount due if paid more than **10** days
after due date above.

\$ **1.00**

\$ _____

\$ **21.00**

NAME Mrs Lelia Young Amount Received

ADDRESS 1207 S. 47th St. Apt. 202

CITY San Diego STATE Ca ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **X-7812**

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
15											

Amount due when paid on, or before,
due date above.

\$ **21.00**

Amount due if paid more than **10** days
after due date above.

\$ **1.00**

\$ _____

NAME Ms. Lelia Young Amount Received

\$ **21.00**

ADDRESS 1207 So. 47th St. Apt. 202

CITY San Diego STATE Ca ZIP 92113

check (✓) if this is new address

Send or bring any coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **B-7812**

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
15	15										

Amount due when paid on, or before,
due date above.

\$ **21.00**

Amount due if paid more than **10** days
after due date above.

\$ **1.00**

\$ _____

NAME Ms Lelia Young Amount Received

\$ 21.00

ADDRESS 1207 S. 47th St. Apt. 202

CITY San Diego STATE Ca ZIP 92113

check () if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-7812

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
15											

Amount due when paid on, or before,
due date above.



\$ **21.00**

Amount due if paid more than **10** days
after due date above.



\$ **1.00**

\$ _____

\$ **21.00**

NAME Mrs Lelia Young Amount Received

\$ _____

ADDRESS 1207 So. 47th St. Apt. 202

CITY San Diego STATE Ca ZIP 92113

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **B-7812**

Credit Lot

Lelia Young

1207 S. 47th Street, #202

San Diego, Ca 92113

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
15											

Amount due when paid on, or before,
due date above.

\$ **21.00**

Amount due if paid more than **10** days
after due date above.

\$ **1.00**

\$

\$

NAME

Mrs Lelia Young

Amount Received

\$

21.00

ADDRESS

1207 S. 47th St. Apt. 202

CITY

San Diego

STATE

Ca

ZIP

92113

check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-22-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Alfredo Francisco

in a Vault/Liner Funeral, date, time Wed 12/23 11am

Church, Chapel, Graveside Drop Off; Erickson Anderson 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 163 Grave 9 Row Section 1 Division/~~Block~~ 12

Grave space & Care Fund 55.00

Additional spaces and care fund

Opening/Closing & Setup 90.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145.00

Paid receipt number

Balance due

*P.A.
1065017
called by
Womack
PAs office*

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

PA

Signature

Address

State Zip Code

Telephone

Invoice # 078224

Acct. # 000952

Work Order # E 7813
PV-503 (REV. 8-86)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7813

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES.

NAME OF DECEDENT ALFREDO FRANCISCO		SEX Male	DATE OF BIRTH June 26, 1930	DATE OF DEATH Dec. 20, 1988
PLACE OF DEATH—CITY OR TOWN La Mesa	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT San Diego Co. Pub. Administrator 5201 A Ruffin Road San Diego, California 92123	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Erickson-Anderson 8390 Allison Av. La Mesa, CA		CALIFORNIA LICENSE NUMBER F296		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10 DISPOSITION PENDING </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Flatchina - Not here	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶
LOCAL REGISTRAR		DATE SIGNED December 23, 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID 4.00 DATE PERMIT ISSUED DEC 23 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Ramirez, M.D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>12/28/88</u> (ENTER DATE) SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Credit Sale

Date 12/23/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ferdinand L. Reissner

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 3586 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund OK for double crypt 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 588⁰⁰

Paid receipt number 37123 100⁰⁰

Balance due 488⁰⁰

OK - will pay in 90 days
[Signature]

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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 7814

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37123

Date: 12/23, 1988

From: F.L. Reissner Address: 6006 Dupon St - S.D. 92114

One Hundred and 00/100 Dollars (\$ 100.00)

In Deposit Payment of Credit Sale - Single Lot
3586 O.H. for Double Crypt

Lot 3586 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E7814

BALANCE DUE 495.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 JAN 09 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77180	
80% Sales of Lots	100.00	<u>495.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77186	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID		\$ 100.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 37216

Date: 1-10 1989

From: Edward Pevsner Address: 1006 Dupree Street, SB

one hundred noth Dollars (\$ 100.00)

In _____ Payment of payment on credit

Lot 3586 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 2-7814

BALANCE DUE 395.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>100.00</u>
Opening/ Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>100.00</u>

CITY AUDITOR
 JAN 13 1989

ISSUED BY [Signature]

OFFICIAL RECEIPT

No 37356



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Date: 2-10, 1989

From: Leah and Paul [unclear] with Debra Street SP
 Address: one hundred [unclear]
 Dollars (\$ 100.00)

In _____ Payment of credit lot

008495

Lot 3586 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. 2-784
 BALANCE DUE 295.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Baloe of Lots	100	<u>100.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fee	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78380	
TOTAL PAID	\$	<u>100.00</u>

CITY AUDITOR
 FEB 21 1989

OFFICIAL RECEIPT

No 37558



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Date: 3-27, 1989

From: Richard J. Ruppner 6006 Deppen Street, SD Address

One hundred 20/100 Dollars (\$ 100.00)

In Payment of Success Lot

Lot 3586 Grave _____ Row _____ Section _____ Division 10 Block

Invoice No. _____

Acct. No. _____

W.D. 2-7874

BALANCE DUE 175.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
 MAR 30 1989

ISSUED BY Janice Wood

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>100</u>	<u>00</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fee	100		
77183			
Pre-Need Trust	83033		
9022			
Sales Tax	80101		
78380			
TOTAL PAID	\$	<u>100</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37697

Date: 4-19 19 89

From: Federico P. Pessier Address: 6006 Pepper Street, S 92114

One hundred and no/100 Dollars (\$ 100.00)

In credit Payment of lot

Lot 3586 Grave _____ Row _____ Section _____ Division Block 10

Invoice No _____
 Acct. No _____
 W.O. 81-7814
 BALANCE DUE 95.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
APR 21 1989

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	<u>24 00</u>
80% Sales of Lots	100	<u>76 00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	80101	
Sales Tax	78390	
TOTAL PAID	\$	<u>100 00</u>

OFFICIAL RECEIPT

No 37797



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

Date: 5-9, 1989

From: Juditha Reissner Address: 6006 Dipper Street, SD

Twenty five 70/100 Dollars (\$ 95.00)

In _____ Payment of Prepaid lot

Lot 3586 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 2-7814

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>95.00</u>
50% Sales of Lots	100	
77184		
Opening/ Closing	100	
77181		
Burial Containers	100	
77182		
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	60101	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>95.00</u>

CITY AUDITOR
 MAY 12 1989

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-27-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Russell Edward Ford

in a Double Crypt Vault/Liner Funeral, date, time 12/28 - Wed - 1 P.M.

Church, Chapel, Graveside Delaney Ave - Mitchell at the

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 68 Grave 1 Row _____ Section 1 Division/Block 11

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees 168.45

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes _____

Total Due 203.45

Paid receipt number 371 32 203.45

Balance due _____

*Northway Press
will bring
check*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7815

PY-593 (REV. 8-88)

INTERMENT ORDER AND AUTHORIZATION

E 7815

Contract No. _____

Interment No. _____

Date 12/27/1988

No interment shall take place until a written authority, signed by the proper relative or legal representative of the deceased has been given to the Cemetery performing the interment.

Undersigned hereby request and authorize:

Name of Cemetery Mt. Hope Cemetery

in accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT Russell E. Ford Age 81 Sex Male

in the following described interment space:

Grave 1 Lot 68 Block _____ Lawn 11 Double Depth Yes No Section 1

Crypt _____ Tier _____ Corridor _____ Mausoleum _____

Niche No. _____ Columbarium _____ Mausoleum _____

The undersigned hereby certify that they are the legal custodian(s) of the herein named deceased, having the full legal authority to direct the interment, entombment or inurnment of the remains of the deceased, and hereby authorize the above named cemetery to make disposition of the remains of the deceased as indicated above. The undersigned hereby further certify and represent that they are the owner(s) or authorized representative(s) of the owner(s) of the above described Interment Rights and hereby authorize use of said Interment Rights of the interment, entombment or inurnment of the remains of the herein named deceased. Cemetery is hereby authorized to install any outer burial container purchased in connection with this interment in the Interment Right described herein.

The undersigned hereby agree to indemnify and hold harmless the cemetery, its agents and employees from any and all liability, including reasonable attorneys' fees, and against any loss it or any of them may sustain in connection with the interment, entombment or inurnment authorized hereunder.

Signature *Florence E. Ford* (Authorized Representative) Print Name _____ Relationship to Deceased 1

Address _____ Street _____ City _____ State _____ Zip _____ Tel. No. _____

Signature _____ (Authorized Representative) Print Name _____ Relationship to Deceased _____

Address _____ Street _____ City _____ State _____ Zip _____ Tel. No. _____

OFFICE USE ONLY

Funeral Director _____ Interment Fee \$ _____
Address _____ Tel. _____

Type of Service _____ Day _____ Date _____ Time of Service _____

Type of Outer Burial Container _____ Supplier _____

Dedication Service _____ Day _____ Date _____ Time of Service _____

Date of Birth _____ Place of Birth _____ No. of years in County _____

Date of Death _____ Place of Death _____ No. of years in State _____

REMARKS _____

OTHER NEAR RELATIVES OF DECEASED

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Order Taken By _____ Location Checked and Verified

OK'd By _____ Date _____

Index Card _____ Plat Book _____ Plat Card _____

Recorded By _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7819

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT RUSSELL EDWARD FORD		SEX MALE	DATE OF BIRTH APR 11, 1907	DATE OF DEATH DEC 24, 1988
PLACE OF DEATH—CITY OR TOWN SAN DIEGO		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) SAN DIEGO		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT SELF PRE-NEED RECORDS @ BEARDSLEY-MITCHELL FUNERAL HOME 1818 SUNSET CLIFFS BLVD SAN DIEGO, CA 92107
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD, SAN DIEGO, CA 92107		CALIFORNIA LICENSE NUMBER F-816		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 9. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 10. DISPOSITION PENDING |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4. SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MY HOPE CEMETERY, 3761 MARKET STREET, SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED State	SIGNATURE OF PERSON IN CHARGE OF CREMATORY Non Leake
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Bottom Double Crypt		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT [Signature]
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED DEC 27 1988
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Cannon, M.D.	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/28/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]	
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE N/A	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 37132



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 12-28 1988

From: Penelope Mitchell Address: 1818 Sunset Cliffs Blvd. S

Two hundred three 45/100 Dollars (\$ 203.45)

In Payment of Russell Ford's Interment

Lot 62 Grave 1 Row 1 Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7815

BALANCE DUE 6

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CITY AUDITOR
JAN 09 1989

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Tax	77164		
20% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
	77181		
	100		
	77182		
Handling Fee	100	<u>168</u>	<u>45</u>
Recording & Misc. Fees	77185		
	100	<u>25</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	<u>203</u>	<u>45</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-27-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Irving Becker

in a Ash Vault Vault/Urns Funeral, date, time Thurs 1/5

Church, Chapel, Graveside Private Only Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 2622 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container Buried in Pan - Concrete 40.00

Handling Fees 60.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 2.60

Total Due 242.60

Paid receipt number 37127 242.60

Balance due 0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Dorothy E Meyer
Signature

801 Mission Beach
Address

Santa Monica Cal 92071
State Zip Code

Sp-123
Telephone

449-0243

Invoice # _____

Acct. # _____

Work Order # E 7816

PT-583 (REV. 8-86)

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 37127

Date: 12-27 1988

From: Donald Meyer Address: 8301 Mission Gorge Rd, SD

two hundred forty-two 60/100 - Dollars (\$ 242.60)

In _____ Payment of Gravestone Monument

Lot 4622 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. 2-7816

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AG-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
 JAN 09 1989

ISSUED BY Sandra Ward

CREDIT	67007	
20% Sales Care	77154	
80% Sales of Lots	100	
77184		
Opening/Closing	100	105 00
77181		
Burial Containers	100	40 00
77182		
100		60 00
77185		
Handling Fee	100	35 00
Recording & Misc. Fees	77183	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	2 60
78390		
TOTAL PAID	\$	242 00

185

PERMIT FOR DISPOSITION OF HUMAN REMAINS

#57496 7816

Lewis Colonial

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT IRVING SINCLAIR BECKER	SEX Male	DATE OF BIRTH Nov. 30, 1891	DATE OF DEATH Dec. 23, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Dorothy Meyer - Daughter 8301 Mission Gorge Rd. Sp. #123 Santee, CA 92071	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lewis Colonial 3053 El Cajon Blvd. San Diego, CA 92104		CALIFORNIA LICENSE NUMBER P-490	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT) ⊗
<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">FOR CORONER'S USE ONLY</p> <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|---|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market Street, San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Cypress View Crematory - San Diego, CA	DATE CREMATED 12-30-88
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Std Fiberglass casket enclosed in Coroner's Center Top of grave	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <i>[Signature]</i>
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-5-89 (ENTER DATE)	DATE PERMIT ISSUED DEC 28 1988
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Ramoak, M.D.
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Loyen Stetter
		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 COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-27-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of William H Hawley

in a _____ Funeral, date, time Tuesday 12/30

Church, Chapel, Graveside _____ San Diego Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 7817**

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/28/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary L. Conklin (D)

in a Cash Vault Funeral, date, time Tues 1/17 AM

Church, Chapel, Graveside Deliver Only / Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 40 Grave 3 Row _____ Section MAS District/Block A

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 40.00

Handling Fees 60.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 2.60

Total Due 242.60

Paid receipt number 37184 242.60

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 7818

12/29/88

E7818

Enclosed is 242.60 for
the burial of Mary Louise
Conklin. This amount was
given me by Mayer Mortuary
who are in charge of the
cremation

S. J. Jellum Maddock

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7818

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Mary Louise Conklin		SEX female	DATE OF BIRTH Jan. 3, 1895	DATE OF DEATH Dec. 21, 1988
PLACE OF DEATH—CITY OR TOWN Del Mar	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Joellen Bodkath - niece 1163 Ranger Rd. Fallbrook, Ca. 92028	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Mayer Mortuary 2859 Adams Ave. San Diego, CA		CALIFORNIA LICENSE NUMBER 1884		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input checked="" type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | |
| <input type="checkbox"/> 4 SCIENTIFIC USE | | |

FOR CORONER'S USE ONLY
<input type="checkbox"/> 10 DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St. San Diego, CA		COUNTY San Diego	
CREMATION	NAME AND ADDRESS OF CREMATORY (REMAINS ARE TO BE CREMATED) 1005 Old Hwy St Leneda Crematory, El Cajon, CA	DATE CREMATED 12/25/88	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Conute Vault 3rd Cremain in Space			
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <i>[Signature]</i>	
			DATE SIGNED December 22, 1988	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED DEC 22 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-17-89 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH			

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR.

OFFICIAL RECEIPT

No 37184



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Date: 1-6, 1989

From: J.J. Madrock Address: 1163 Rancho Road, Millbrook

two hundred forty-two 60/100 - Dollars (\$ 242.60)

In Payment of Mary D. Winkler's Interment

Lot 40 Grave 3 Row _____ Section MAS Division Block A

Invoice No _____

Acct. No _____

W.O. E-7818

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1268

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	<u>105.00</u>
Closing	77181	
Burial	100	<u>40.00</u>
Containers	77182	
	100	<u>60.00</u>
Handling Fee	77180	
Recording &	100	<u>35.00</u>
Misc. Fees	77183	
Pre-Need	88990	
Trust	119000	
Sales Tax	60101	<u>2.60</u>
	78390	
TOTAL PAID	\$	<u>242.60</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-28-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Emogene E. Scott

in a Bell Tower Vault/Liner Funeral, date, time Tues 1-3 12:00

Church, Chapel, Graveside Chapel of the Holy Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 119 Grave 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 300.00

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 6.50

Total Due 906.50

Paid receipt number _____

Balance due _____

I hereby certify I am the HUSBAND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed _____

Signature J. A. ...

Address 675 A PICADOR BLVD

SAN DIEGO, CA 92154

State 263-7169 Zip Code

Telephone

Work Order # E 7819

PR-663 (REV. 8-86)

Invoice # 078226

Acct. # 028716

W.O. # 2-7819

NOTE

\$ 906.50 San Diego, California

December 28 19 88

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of new funded \$ 5000 DOLLARS with interest from 3-3-88 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME JOHN R. SCOTT SIGNATURE [Signature]

ADDRESS 675A PICADOR BLVD. San Diego, CA. 92159

CALIF. DRIVERS LIC. # VA. 224-325943 CA. A0578896

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7819

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Imogene Elizabeth Scott		SEX Female	DATE OF BIRTH May 20, 1946	DATE OF DEATH Dec. 27, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT John R. Scott, Sr. - Husband	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mort. - San Diego, CA		CALIFORNIA LICENSE NUMBER F 1329		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 675-A Picador Blvd San Diego, CA 92154

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A 18 ga Batesville Steel Sealer	DATE CREMATED ▶	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A Bell Linei		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00	DATE PERMIT ISSUED DEC 29 1988
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-3-89 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Royen Stebbins	
		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH San Diego Co. Dept. of Health Services P. O. Box 85222 San Diego, CA 92138-5222		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	DRG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
078226	01/11/89	028716	JOHN R. SCOTT				03/03/89	CK	3688276	100.00	906.50	706.50
			100 072		77181	000072				35.30		PARTIAL PAYMEN
			100 072		77182	000072				11.03		
			100 072		77183	000072				3.86		
			100 072		77184	000072				26.48		
			100 072		77185	000072				16.00		
			60101		78390					0.72		
			67007		77184					6.61		
NUMBER OF INVOICES PAID					1							
TOTAL AMOUNT PAID					100.00							

2-7819

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/06/89

DATE: 02/06/89
TIME: 204737
PAGE: 8

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	DRG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
078226	01/11/89	028716	JOHN R. SCOTT				01/31/89	CK	228341864	100.00	906.50	806.50
			100 072		77181	000072				35.30		PARTIAL PAYMENT
			100 072		77182	000072				11.03		
			100 072		77183	000072				3.86		
			100 072		77184	000072				26.48		
			100 072		77185	000072				16.00		
			60101		78390					0.72		
			67007		77184					6.61		

2-7819

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-28-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Cross

in a Bell Lines Funeral, date, time Tues - 2 PM - 1/3
Church, Chapel, Graveside Graveside Lucas Mortuary.

All funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 4 Grave 9 Row _____ Section 3 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees D-8385 _____

Flower vases - Marker setting fee _____

Recording and filing fee 35.00 _____

Sales taxes _____

Total Due 35.00

Paid receipt number 37151 35.00

Balance due 0

1:20 PM
P.B.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Neve Likins
Stephen Farnsworth

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7820

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7820

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) MARY	1B. MIDDLE -	1C. LAST (FAMILY) CROSS	2. DATE OF BIRTH (MONTH, DAY, YEAR) 03-08-1896	3. DATE OF DEATH (MONTH, DAY, YEAR) 12-26-88	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Wilbur Gonsalves - son 16 Bryant Street No. Dartmouth, MA 02747	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lewis Colonial/Benbough 3051 El Cajon Blvd. San Diego, CA 92104			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F-480		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such Melinda M. Stewart for LCB		8B. DATE SIGNED 12-30-88	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 03 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Roney, M.D.
10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT) <input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) <input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY <input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) <input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA) <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">FOR CORONER'S USE ONLY</div> <input type="checkbox"/> K. DISPOSITION PENDING
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COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery - San Diego, CA 3751 Market St.	11B. DATE INTERRED 1-3-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY n/a Steel - Bellhouse Not Sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY 4-9-3-12
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT

No 37151

MOUNT HOPE CEMETERY

234-3151

(Conservator of May Cross)

Date: 1-3, 1989

From: Neve Lee Fisher Address: 923 Monserate, Chula Vista

thirty-five Dollars (\$ 35.00)

In Payment of May Cross' Wedding fee

Lot 4 Grave 9 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 2-7620

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

564

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 JAN 09 1989

ISSUED BY Andy Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		<u>35.00</u>
Pre-Need Trust	83033	
9022		
Sales Tax	80101	
78390		
TOTAL PAID	\$	<u>35.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

111
12-28-82

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Claude Smith Jr
in a Bell Tower Vault/Liner Funeral date, time Thurs 12/29 1:30
Church, Chapel, Graveside Church & Home, Passdale 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 720 Grave DIP Row Extra Dip Section _____ Division/Block 10

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number 37133 35.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7821

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7821

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Claude Smith, Jr.		SEX Male	DATE OF BIRTH March 4, 1912	DATE OF DEATH Dec. 23, 1988
PLACE OF DEATH—CITY OR TOWN San Diego		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Lettie A. Smith - Wife	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER F 1329	3332 Durant Street San Diego, California 92113	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
<div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> FOR CORONER'S USE ONLY </div> <input type="checkbox"/> 10 DISPOSITION PENDING |
|--|---|---|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED DEC 28 1988 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Powell, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/29/88 (ENTER DATE) Fal-10-10p	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 37133



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

From: Anna Phillips Address: 240 E. Laabarn Rd. Altadena
 Date: 12-29 1988
thirty-five Dollars (\$ 35.00)
 in Payment of Claude Smith's Recording

Lot 720 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-762
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

3129

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
 CITY AUDITOR
 JAN 09 1989
 ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
Gravest	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77186	
Recording &	100	<u>35.00</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>35.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 38435

Date: 8-18 1989

From: Stella Smith Address: 3332 Duont St. SD 92113

In one hundred twenty-five Dollars (\$ 125.00)

Payment of marker installation for Stella Smith

Lot 720 Grave _____ Row _____ Section _____ Division 10 Block 10

Invoice No. _____

Acct. No. _____

W.O. 8-721

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 1065

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Arda Word

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>125.00</u>
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>125.00</u>

CITY AUDITOR
 AUG 28 1989

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-28-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mattie Mullen
in a Bell Service Funeral, date, time Thurs 12/29 11:00
Church, Chapel, Graveside Church Drive, Rosedale 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 252 Grave 3-tag Row Dip Section 14 Division/Block 7

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes

Total Due 35.00

Paid receipt number 37134 35.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7822

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37134

Date: 12-28 1988

From: Anderson, Joseph Address: 5050 Federal Blvd SD

Trust - Joint w/ W/O Dollars (\$ 35.00)

In Payment of Mattie Muller's Remains

Lot 252 Grave 3 Row _____ Section 19 Division Block 17

Invoice No. _____

Acct. No. _____

W.O. E-7872

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

3129

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
JAN 09 1989

ISSUED BY Andra Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	<u>35 00</u>
Pre-Need Trust	83003	
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>35 00</u>

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7822

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Mattie Mullen		SEX Female	DATE OF BIRTH Oct. 8, 1884	DATE OF DEATH Dec. 22, 1988
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Orelia Harris - Daughter	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Anderson-Ragsdale Mortuary		CALIFORNIA LICENSE NUMBER F 1329		
		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 446 N. 30th Street San Diego, California 92102		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street San Diego, Calif.	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Metasearch - Rose - Batesville Ill.	DATE CREMATED
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Top of DIP - Lower	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DATE PERMIT ISSUED DEC 27 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald L. Ramos, M.D.
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/29/88 (ENTER DATE) 252-14-14-7	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Gregory [Signature]
	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-28-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Toke Torimaru
in a T.S. Vault Vault/Liner Funeral, date, time Tues 1/3 10:00

Church, Chapel, Graveside Graveside Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran

Lot 31 Grave 1 Row Section 11 Division/~~Block~~ 7

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases—Marker setting fee Disinterment 2 ashes 420.00

Recording and filing fee 25.00

Sales taxes 11.37

Total Due 1131.37

Paid receipt number 37142 1131.37

Balance due 0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Yuko Yamate
534 Beacon Pl
Address Chula Vista, Ca 92010
State 422-4333 Zip Code
Telephone _____

Work Order # E 7823
FY-883 (REV. 8-86)

Invoice # _____
Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37142

Date: 1-3 1989

From: Joyce Najma Address: 1427 Delrosa Ave Chula Vista

One thousand one hundred thirty-one Dollars (\$ 1131.37)

In Payment of Jake Srinivas's Interment

Lot 31 Grave 1 Row _____ Section 11 Division Block 17

Invoice No. _____

Acct. No. _____

W.O. E-7823

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1878

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CH. AUB. 1989
 JAN 09 1989

ISSUED BY Andrea Wood

CREDIT	67007	
Corp. Sales Care	77184	
50% Sales	100	
of Loss	77184	
Opening/	100	320 00
Closing	77181	
Special	100	175 00
Containers	77182	
	100	170 00
Handling Fee	77185	
Recording &	100	455 00
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	11 37
	78390	
TOTAL PAID	5	1131 37

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7823

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <p style="text-align: center; font-weight: bold;">TAKA TORIMARU</p>	SEX <p style="text-align: center; font-weight: bold;">female</p>	DATE OF BIRTH <p style="text-align: center; font-weight: bold;">May 17, 1894</p>	DATE OF DEATH <p style="text-align: center; font-weight: bold;">Dec 27, 1988</p>
PLACE OF DEATH—CITY OR TOWN <p style="text-align: center; font-weight: bold;">Orange</p>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <p style="text-align: center; font-weight: bold;">Orange</p>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <p style="text-align: center; font-weight: bold;">Fumi Chida - daughter 1311 E. Concord Ave/ Orange, CA 92667</p>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <p style="text-align: center; font-weight: bold;">Lewis Colonial/Seabough 3051 El Cajon Blvd. San Diego, CA 92104</p>		CALIFORNIA LICENSE NUMBER <p style="text-align: center; font-weight: bold;">F-480</p>	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p style="margin: 0; font-weight: bold;">FOR CORONER'S USE ONLY</p> <input type="checkbox"/> 10. DISPOSITION PENDING </div> |
|--|--|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <p style="text-align: center; font-weight: bold;">Mount Hope Cemetery - San Diego, CA (3751 Market St.)</p>		COUNTY	<p style="text-align: center; font-weight: bold;">San Diego</p>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <p style="text-align: center; font-weight: bold;">n/a 18th St Metal Scales</p>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY		
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <p style="text-align: center; font-weight: bold;">n/a C.T.S. Vault</p>				
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <p style="text-align: center; font-weight: bold;">n/a</p>				
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <p style="text-align: center; font-weight: bold;">\$ 2.70</p>	DATE PERMIT ISSUED <p style="text-align: center; font-weight: bold;">DEC 30 1989</p>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT	
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <p style="text-align: center; font-weight: bold;">3-1-89</p> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <p style="text-align: center; font-weight: bold;">Orange County P.O. 355 Santa Ana, CA 92702</p>				

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Belzad J. Meini
in a _____ Funeral, date, time Fri 12/30 2:00

Church, Chapel, Graveside Graveside Muslim Crem. 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 47 Grave _____ Row _____ Section Muslims Division/Block _____

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 250.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes _____

Total Due 285.00

Paid receipt number 37321 285.00

Balance due 0

Bill Meini

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Belzad Meini
Address 5029 Guilford Ave
CA, 92117
State _____ Zip Code _____
Telephone (619) 483-3497

Work Order # E 7824
(F-583 (REV. 8-88))

Invoice # _____
Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7824

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT BEHZAD SADGHI NARINI		SEX MALE	DATE OF BIRTH JUNE 17, 1959	DATE OF DEATH DEC 26, 1988
PLACE OF DEATH—CITY OR TOWN SAN DIEGO		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) SAN DIEGO	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT BEHROOZ NARINI BROTHER	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) GREENWOOD MORTUARY—4300 IMPERIAL AVE, SAN DIEGO		CALIFORNIA LICENSE NUMBER F-843	3029 GULLITTOY AVE SAN DIEGO, CA 92117	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 10. DISPOSITION PENDING |
|--|--|--|

FOR CORONER'S USE ONLY

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED MT HOPE CEMETERY—3751 MARKET STREET, SAN DIEGO, CA	COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A Flat China - no home	DATE CREMATED no home
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DATE PERMIT ISSUED DEC 30 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Ramos, M.D. #8
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 12/30/88 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [Signature]
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH N/A	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 37321



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

Date: 2-7 19 89

From: Muslim Cemetery - P.O. Box 201058, SD 92126 Address:

In two hundred eighty five and 00/100 Dollars (\$ 285.00)
 Payment of Subjed J. Macini Entement

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No _____
 Acct. No _____
 W.O. E-7824
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

TTY AUDIT
B 10 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots Y	100	
Planning/ Closing	77184	<u>250.00</u>
Burial Containers	100	
77181	100	
77182	100	
77185	100	
Recording Fee	77183	<u>25.00</u>
Misc. Fees	63033	
Pre-Need Trust	9022	
Sales Tax	60101	
75390		
TOTAL PAID	\$	<u>250.00</u>

121

Disinterment

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Alexa Abby Litten
in a _____ Vault/Liner Funeral, date, time LITTEN 11/13/89

Church, Chapel, Graveside _____ Featherhill 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 692 Grave _____ Row _____ Section 5 Division/Block 8

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 700.00

Sales taxes

Completed on Jan 13, 1989

Disposal of marker removed to Greewood Total Due 700.00
Paid receipt number 37136 700.00
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.

Jacqueline Litten
Signature

Signature of recorded holder of deed

Address

State 264-5597 Zip Code

Telephone

Work Order # E 7825

Invoice # _____

Acct. # _____



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

To signed and returned - Mt Hope

E7825

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

Completed on Jan 13, 1989

January MONTH *1989* YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Glenna Abby Litten

from Lot 692 Grave Section 5 Row Block Div 8
and to remove the same to and reinter said remains in Lot Grave
Section Row Block Div . *Greenwood Memorial Park San Diego County, Ca*

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal and reinterment. *Featherinbill Mortuary in charge of transportation, etc.*

<i>* Patricia Ann Litten</i>	<i> </i>	<i> </i>
Signature	Signature	Signature
<i>* Daughter</i>	<i> </i>	<i> </i>
Relation to deceased	Relation to deceased	Relation to deceased
<i>* 1718 Rowan St.</i>	<i>San Diego, Ca. 92105</i>	<i> </i>
Address	Address	Address

I hereby authorized the above disinterment:

** Patricia Ann Litten*
(Lot owner must sign if not legal custodian)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Resentment

Date 12-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Marian L. Litten

in a _____ Funeral, date, time LITTEN 1/13/89

Church, Chapel, Graveside Featherhill 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 695 Grave _____ Row _____ Section 5 Division/Block 8

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

*Completed
on
Jan 13, 1989*

700.00

700.00

700.00

0

Dispose of marker Total Due _____

Removed to Greenwood Paid receipt number 37136 _____

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.

Patricia Litten
Signature

Address _____

City 264-5577 Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7826



Sign and Return to Mt. Hope

THE CITY OF

SAN DIEGO

E 7926

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

January 1989
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Marion I. Litten

from Lot 695 Grave ~ Section 5 Row ~ Block ~ Div 8
and to remove the same to and reinter said remains in Lot ~ Grave ~
Section ~ Row ~ Block ~ Div ~. Greenwood Memorial Park
San Diego Co. California

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal and reinterment. Featheringill Mortuary in Charge of Transportation etc.

* <u>Patricia Ann Litten</u> Signature	_____ Signature	_____ Signature
* <u>Daughter</u> Relation to deceased	_____ Relation to deceased	_____ Relation to deceased
* <u>1718 Rowan St.</u> Address	<u>San Diego, Ca. 92105</u> Address	_____ Address

I hereby authorized the above disinterment:

* Patricia Ann Litten
(Lot owner must sign if not legal custodian)

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E7825 & E7826
 No 37136

Date: 12-29, 1988

From: Adrian Litter Address: 1718 Rowan Street San Diego

Spurlock Dollars (\$) 1400.00

In _____ Payment of Reinterment of Hanna & Marion
Litter to Greenwood

Lot 692/695 Grave _____ Row _____ Section 5 Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7825 & E-7826

BALANCE DUE 4

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

1338

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
 JAN 09 1989

ISSUED BY Adrian Litter

CREDIT	67007	
20% Sales Cert	77184	
1% Sales of Lots	100	
Opening/Closing	77184	
Funeral	100	
Containers	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
	77183	1400 00
Pre-Need Trust	60033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	1400 00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12-29-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Daryl M. Sanders

in a Bell Sister Vault/Liner Funeral, date, time Tues 1/3 2:00

Church, Chapel, Graveside Mar Vista; Dillard Mortuary Huntington Beach

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 3 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 148.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 6.50

Total Due 605.50

Paid receipt number 37150 605.50

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. BARBARA Hughes

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Barbara Hughes
Signature
7651 Zandora Lane
Address
Huntington Beach, CA
City
(714) 840-8768
Telephone
926
Zip Code

Work Order # E 7827

Invoice # _____

Acct. # _____

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7827

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT Hazel Marie Sanders		SEX Female	DATE OF BIRTH Oct 3, 1909	DATE OF DEATH Dec 28, 1988
PLACE OF DEATH—CITY OR TOWN Huntington Beach		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) Orange	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Barbara J. Hughes - Niece	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR OTHER PERSON IN CHARGE) Dillard Brothers Huntington Beach, CA		CALIFORNIA LICENSE NUMBER F1193	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT 16561 Landau Lane Huntington Beach, CA 92647	

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY </div> <input type="checkbox"/> 10 DISPOSITION PENDING |
| <input checked="" type="checkbox"/> 4 SCIENTIFIC USE | | |

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <i>Metal-Non Sealer Bell</i>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 4.00	DATE PERMIT ISSUED DEC 30 1989 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 1-3-89 3-4-82 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH Orange County Health Dept. P.O. Box 355, Santa Ana, CA 92702		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37150

From: Penella Jones Address: 42245 Victoria Street Torrance
CA 90505
 Date: 1-3, 1989
 In Payment of Class Jones Interment Dollars (\$ 605.50)

Lot 3 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-7827
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
CITY AUDITOR
JAN 09 1989
 ISSUED BY India Wald

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	320 00
Burial Containers	100	100 00
Handling Fee	77185	144 00
Recording & Misc. Fees	77183	35 00
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	6 50
	78380	
TOTAL PAID	\$	605 50

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 12/30/88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lupe Cassidy 10:00

in a Bell Funerals Funeral, date, time Wed 1/4 12:30

Church, Chapel, Graveside Hittig Street, Coronado 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 open Imperial State

Lot 105 Grave 6 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 300.00

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 27.00

Total Due 907.00

Paid receipt number 37139 907.00

Balance due 0

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature E. A. Cassidy

Address 707 S. Harpole

City Spring Valley, 907B

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7828

PR-593 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 7828

1A. NAME OF DECEDENT—FIRST (GIVEN) LUPE	1B. MIDDLE -	1C. LAST (FAMILY) CASSIDY	2. DATE OF BIRTH (MONTH, DAY, YEAR) 1-2-11	3. DATE OF DEATH (MONTH, DAY, YEAR) 12-30-88	4. SEX F
---	------------------------	-------------------------------------	--	--	--------------------

5A. CITY OF DEATH National City	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Priscilla A. La Blanc - Niece 707 Paraiso Avenue Spring Valley, CA 92077
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7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Conrad Lemon Grove Mortuary 7387 Broadway-Lemon Grove, CA 92045	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F951
---	--

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such 	8B. DATE SIGNED 1-3-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 3 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH San Diego Co. Dept. of Health Services Vital Records P.O. Box 85222 San Diego, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT N/A
--	--

1. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input checked="" type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE INTERRED 105-6-2-11 1-4-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED Semi oval flat top Wooden C.C. - lined	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37139

Date: 1-3, 1989

From: E.A. Cassidy Address: _____

In _____ Payment of Super Cassidy's Interment Dollars (\$ 907.00)

Lot 105 Grave 6 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 2-1828
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	67007		
20% Sales Tax	77184	60	00
80% Sales of Lots	100	240	00
Opening/Closing	77181	320	00
Burial Containers	100	100	00
	77182	145	00
Handling Fee	100		
Recording & Misc. Fees	77183	35	00
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	7	00
	78380		
TOTAL PAID	\$	907	00

AUDITOR
 JAN 09 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 37191

Date: 1-6, 1989

From: E. A. Cassale Address: _____

1775 951108 Dollars (\$) 15.95

In _____ Payment of Plowee Cup for Judge Cassale

Lot 105 Grave 6 Row _____ Section 2 Division 27 Block AUDITOR

Invoice No. _____

Acct. No. _____

W.O. E-7828

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Andy Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
	69033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>15.95</u>

JAN 11 1989

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-3-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Gregory Judson

in a Bell Fier Funeral, date, time Wed 1-4 11:00

Church, Chapel, Graveside Graveside Murley Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 4168 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 7.00

Total Due 607.00

Paid receipt number 37155 607.00

Balance due EG

Mortuary will bring sheet

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 7829**

PY 583 (REV. 8-85)

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37155

From: Walter Mitchell Address: 3655 5th Avenue, SD Date: 1-4 1989
six hundred seven and 00/100 Dollars (\$ 607.00)
 In Payment of Person's funeral

Lot 4168 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. 2-1824
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

7703

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 JAN 09 1989

ISSUED BY Andy Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	320.00
Burial Containers	100	100.00
Handling Fee	77182	145.00
Recording & Rec. Fees	100	35.00
Pre-Need Trust	77183	
Sales Tax	63033	7.00
	9022	
	60101	
	78390	
TOTAL PAID	\$	607.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37544

Date: 3-23, 1987

From: Mrs. G. Mitchell Address: _____

we ordered Urns - you called Dollars (\$) 125.00

In _____ Payment of Urns - Letter for you

Lot 4168 Grave _____ Row _____ Section _____ Division/Block AUDITOR

Invoice No. _____

Acct. No. _____

W.O. 2-1829

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AG-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY India White

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	63033	
	9022	
	60101	
	78380	
		<u>125.00</u>
		<u>125.00</u>

MAR 30 1987

2065

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7829

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) GEORGIANA	1B. MIDDLE MASTEN	1C. LAST (FAMILY) JUDSON	2. DATE OF BIRTH (MONTH, DAY, YEAR) 2/18/1913	3. DATE OF DEATH (MONTH, DAY, YEAR) 12/31/1988	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT SELF PRE-NEED RECORDS @ HENKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HENKLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-119		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>James C. Mitchell</i>	8B. DATE SIGNED 1/4/1989
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 04 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ransom, M.D.</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. BOX 85222, SAN DIEGO, CA 92138-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY HIT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 4168-10	11B. DATE INTERRED 1/4/1989	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Ray Wallace</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>Clothwood State Bellhimer</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Steen Stalleon

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Korea

Lot 245 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of dead _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 7830**

PV-693 (REV. 8-85)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-3-88

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of Mrs. Stallions

in a ES. Vault Funeral, date, time _____

Church, Chapel, Graveside Chapel & Home Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Korean

Lot 31 Grave 11 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	<u>495.00</u>
Additional spaces and care fund	
Opening/Closing & Setup	<u>320.00</u>
Burial Container	<u>175.00</u>
Handling Fees	<u>170.00</u>
Flower vases - Marker setting fee	
Recording and filing fee	<u>35.00</u>
Sales taxes	<u>11.37</u>
Total Due	<u>1206.37</u>

Paid receipt number _____

Balance due _____

30 day note

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Marian R. Stallions
Signature
6004 - C Lake Murray Pl
Address
La Mesa, CA 92042
State
460 - 1560
Telephone

Work Order # E 7831
PY-883 (REV. 8-85)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-4-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie T. Stevens in a Top Dble. Crypt Funeral date, time Wed 1/11 11:00 Church, Chapel, Graveside Angel Shore Pagodale 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 97 Grave 10 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 1-11-89 - notice: Cashier Waa XXX

Additional spaces and care fund (3 1/4 -)

Opening/Closing & Setup Exchanged top of Double

Burial Container Crypt for # 6 - 1 call

Handling Fees only 101

Flower vases - Marker setting fee Sub E

Recording and filing fee _____

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 of record holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7832
PY-683 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7832

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Willie	1B. MIDDLE "T"	1C. LAST (FAMILY) Givens	2. DATE OF BIRTH (MONTH, DAY, YEAR) 10-3-19	3. DATE OF DEATH (MONTH, DAY, YEAR) 1-4-89	4. SEX Male
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Patricia Hikas - Niece 783 Beyer Way San Diego, California 92154	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary 5050 Federal Bl. S.D.			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F 1329		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Federal Director or Person Acting as Such: *[Signature]*

8B. DATE SIGNED: **1-6-89**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED JAN 9 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature: Donald E. Ramos, M.D.]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH: **P.O. Box 85222 San Diego, CA. 92138**

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT:

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY <input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, California	11B. DATE INTERRED 1-11-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Non-Sealed Metal 2XX 31 3/4 Wile	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Removed Top 1/2 of D.C. Used #6 Bell	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A Went to Norway 1-10 to measure	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A See E-7832	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Elma Wood

in a Bell Lines Funeral, date, time Sat 1-7 10:00

Church, Chapel, Graveside Yonkerside Cypress View 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 62 Grave 3 Row _____ Section 4 Division/Block 5

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee Sat OT 380.00

Recording and filing fee 35.00

Sales taxes 7.00

Total Due 987.00

Paid receipt number 27190 987.00

Balance due 0

I hereby certify I am the niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Ruby Adams
Signature
2140 N Vaer
Address
Laurel 09
State
583-7007
Telephone

Work Order # E 7833
PY-583 (REV. 8-85)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7833

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Elna	1B. MIDDLE Lucina	1C. LAST (FAMILY) Hood	2. DATE OF BIRTH (MONTH, DAY, YEAR) 8-26-92	3. DATE OF DEATH (MONTH, DAY, YEAR) 1-03-89	4. SEX F
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Euby H. Adams - Niece 2147 North Waco Tulsa, OK. 74127	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Cypress View/Beaman Brothers 3933 Imperial Ave San Diego, CA			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 670		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 1-06-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 06 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH San Diego County - Vital Records 3853 Popocatepet Street, San Diego, CA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT N/A
---	--

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, Ca.	11B. DATE INTERRED 1-7-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 18 La Jolla Village Drive Rose - Silver	12B. DATE CREMATED 6/23/45	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37190

From: Ruby Adams Address: 2147 N Wood, Suite 06 Date: 1-6 1989
two hundred eighty-seven Dollars (\$ 987.00)
 In Payment of Alma Woods' interment

Lot 62 Grave 3 Row _____ Section 4 Division 5 Block 5

Invoice No _____
 Acct. No _____
 W.O. 2-7833
 BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Tax	77194	
80% Sales of Lots	100	
Opening/Closing	77184	<u>320 00</u>
Burial Containers	100	<u>100 00</u>
Handling Fee	77182	<u>100 00</u>
Recording & Misc. Fees	100	<u>415 00</u>
Pre-Need Trust	63030	
Sales Tax	9022	
TOTAL PAID	80101	<u>7 00</u>
	78390	<u>987 00</u>

CITY AUDITOR
 JAN 11 1989

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-5-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Malcolm Dion Allen

in a Self Serve Funeral, date, time Mon 1/9 1:00

Church, Chapel, Graveside Chapel & Grave Pasadale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

✓ Lot 127 Grave 8 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 250.00

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 195.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 7.00

Total Due 857.00

Paid receipt number 37182 400.00

Balance due 457.00

I hereby certify I am the Grandmother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Virginia Bradford
Signature

4934 Altadena Ave
Address

San Diego, Ca 92115
State _____ Zip Code

528-0239
Telephone

Work Order # E 7834

PR-693 (REV. 9-86)

Invoice # 2028714

Acct. # 1078228

W.O. # E-7834

NOTE

\$ 457.00 San Diego, California

January 5 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Four Hundred Fifty Seven DOLLARS with interest from 3/9/87 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME Virginia Bradford SIGNATURE Virginia Bradford

ADDRESS 4234 Altadena San Diego, Ca 92115

CALIF. DRIVERS LIC. # E0193574

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7834

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Malcolm	1B. MIDDLE Dion	1C. LAST (FAMILY) Allen	2. DATE OF BIRTH (MONTH, DAY, YEAR) 5-8-72	3. DATE OF DEATH (MONTH, DAY, YEAR) 1-1-89	4. SEX Male
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5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Virginia Bradford - Grandmother 4234 Altadena Avenue San Diego, California 92115
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7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary 5050 Federal Blvd. S.D. P 1529	7B. CALIFORNIA LICENSE NUMBER P 1529
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ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 1-6-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED JAN 9 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. Box 85222 San Diego, CA. 92138	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY <input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, California	11B. DATE INTERRED 1-9-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 127-8-2-11- Bellview	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

3/6

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37412

From: Virginia Leadford Address: 4234 Altadena Ave, SD 92115
 Date: 3-1, 1989
two hundred fifty-seven Dollars (\$ 257.00)
 In Payment of Malcolm Allen's Interment

Lot 127 Grave 2 Row _____ Section 2 Division Block 11

Invoice No. 078228
 Acct. No. 028714
 W.O. 8-7634
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 MAR 06 1989

ISSUED BY Andres J. Wood

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>257.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 37413

Date: 3-1, 19 89

From: Virginia Bradford Address: _____

In _____ Dollars (\$) Payment of Amount due for Malcolm Allen

Lot 129 Grave 8 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 2-7834

BALANCE DUE 6

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 06 1989

ISSUED BY Andra Wood

CREDIT	67007	
20% Sales Care	77164	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	5 00
Handling Fee	77181	10 60
Recording & Misc. Fee	100	
Pre-Need Trust	77182	
Sales Tax	100	
	63033	
	9022	
	60101	35
	75380	
TOTAL PAID	\$	15 95

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37182

Date: 1-5, 1989

From Virginia Bradford Address: 4234 Otisana, SD 92115

paid by check no 1100 Dollars (\$) 400.00

In Payment of Malcolm Allen's interment

Lot 127 Grave 8 Row _____ Section 2 Division 11
 Block _____

Invoice No _____

Acct. No _____

W.O. E-17834

BALANCE DUE 457.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Angela Ward

CREDIT	67007		
20% Sales Care	77184	50	00
80% Sales of Lots	100	200	00
Opening/Closing	77184	150	00
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033		
	9022		
	80101		
	78380		
TOTAL PAID	\$	400	00

CITY AUDITOR
 JAN 11 1989

078228 01/11/89 028714 VIRGINIA BRADFORD
E-7834
 100 072
 100 072
 100 072
 100 072
 60101

03/01/89 CA 37412
 77181 000072
 77182 000072
 77183 000072
 77185 000072
 78390

257.00
 95.60
 56.24
 19.68
 81.54
 3.94

457.00 PAID IN FULL 0.00

078228 01/11/89 028714 VIRGINIA BRADFORD
E-7834
 100 072
 100 072
 100 072
 100 072
 60101

02/03/89 CK 403961720
 77181 000072
 77182 000072
 77183 000072
 77185 000072
 78390

200.00
 74.40
 43.76
 15.32
 63.46
 3.06

457.00 PARTIAL PAYMENT 257.00

NUMBER OF INVOICES PAID 3
 TOTAL AMOUNT PAID 1,985.00

JSW

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-6-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Helen Whitson
in a T.S. Vault Funeral, date, time Tues 1/10 11:00

Church, Chapel, Graveside Shoreside Mortuary Murphy-Mitchell

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran Mr. Mitchell

Lot 186 Grave 2 Row _____ Section 1 Division/Block 1

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container T.S. Vault provided by _____

Handling Fees Mortuary 170.00

Flower vases - Marker setting fee 3 @ 15.95 47.85

Recording and filing fee 35.00

Sales taxes _____

Total Due 572.85 ~~525.00~~

Paid receipt number 37212 572.85

Balance due 0

*Mortuary
could bring
casket sheets*

I hereby certify I am the _____ of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7835

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7839

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) HELEN	1B. MIDDLE CARRIER	1C. LAST (FAMILY) WHITSON	2. DATE OF BIRTH (MONTH, DAY, YEAR) 9/9/1895	3. DATE OF DEATH (MONTH, DAY, YEAR) 1/6/1989	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT ROBERT B. WHITSON, JR., SON 2952 COLLURA STREET SAN DIEGO, CA 92105	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HENDLEY-MITCHELL MORTUARY, 3635 FIFTH AVENUE, SAN DIEGO, CA 92103			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-119		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Ed Leach</i>	8B. DATE SIGNED 1/9/1989
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 09 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D., J.F.</i>
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ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. BOX 85222, SAN DIEGO, CA 92138-5222
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA <i>186-2-1-1</i>	11B. DATE INTERRED 1/10/1989	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Seamus Stille</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>Populay Hollywood An Vault</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37212

Date: 1-10 19 29

From: Merkley-Mitchell Address: 2655 Fifth Avenue, SD
Five Hundred Seventy-two 85/100 Dollars (\$ 572.85)
 In _____ Payment of Helen Whitson's Entombment

Lot 186 Grave 2 Row _____ Section 1 Division/Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7835
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Indra Nord

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>320 00</u>
Burial Containers	100	<u>15 00</u>
	77182	
Handling Fee	100	<u>207 80</u>
Recording & Misc. Fees	77185	<u>35 00</u>
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	<u>1 95</u>
	78390	
TOTAL PAID	\$	<u>572 85</u>

CITY AUDITOR
 JAN 13 1929

7724

OFFICIAL RECEIPT

No 37292



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Date: 2-2, 1989

From: Mark & Helen Nelson Address: _____

In _____ Payment of one hundred twenty-five 10/100 Dollars (\$ 125.00)

_____ Mark & Helen Nelson

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7835

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

7827

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 FEB 06 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	<u>125.00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	0	<u>125.00</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego ✓

Date Jan 9, 1989

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Emily Mae Batay

in a Courtesy Funeral, date, time Fri-2PM - 1-13-89

Church, Chapel, Graveside Church - 85; Rayside 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 2851 Grave Row Section Division/Block 10

Grave space & Care Fund Single sp and Care 595⁰⁰

Additional spaces and care fund none

Opening/Closing & Setup 320⁰⁰

Burial Container 175⁰⁰

Handling Fees 170⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 35⁰⁰

Sales taxes 12²⁵

By Fax Room

Total Due 1307²⁵

Paid receipt number 37211 300.00

Balance due 1007²⁵

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 warrant that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 1050 Coland St #8
Spring Vly, CA 92099
State CA Zip Code 92099
Telephone 463-7039

Signature of recorded holder of deed _____

Work Order # **E 7836**

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7836

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Emily	1B. MIDDLE Ann	1C. LAST (FAMILY) Batey	2. DATE OF BIRTH (MONTH, DAY, YEAR) Jan. 3, 1907	3. DATE OF DEATH (MONTH, DAY, YEAR) Jan. 6, 1989	4. SEX Female
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Lori Batey - Daughter 3565 Allan Avenue Apt. 3 San Diego, California 92102	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA.			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F-1329		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Federal Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED Jan. 11, 1989
---	--	---

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED JAN 12 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. Box 85222 San Diego, CA. 92138		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY St. Hope Cemetery 3751 Market Street, San Diego, Calif. 28-57/10	11B. DATE INTERRED 1-13-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Steel Center Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 38116

From: Lori Doty Address: 3565 Delmont Ave, SD Date: 6-6 19 89
thirty one 401102
 Dollars (\$ 31.90)
 In _____ Payment of 2 flower cups for Emily
Doty
 Lot 2851 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7836
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 110

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.
CITY AUDITOR
JUN 09 1989
 ISSUED BY Andra Wood

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/ Closing	100		
	77181		
Burial Containers	100	<u>10</u>	<u>00</u>
	77182	<u>21</u>	<u>30</u>
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		<u>70</u>
	76390		
TOTAL PAID	\$	<u>31</u>	<u>90</u>

OFFICIAL RECEIPT

No 37223



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 1-11, 1989

From Chris Dater Address: _____
two hundred fifty seven and 25/100 Dollars (\$) 357.25
 In _____ Payment of Emily Dater's Interment

Lot 2851 Grave _____ Row _____ Section _____ Division Block 10

Invoice No _____
 Acct. No _____
 W.O. 2-7836
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
77184	100	
Opening/Closing	77181	
Burial Containers	100	
77182	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183	100	
Pre-Need Trust	83033	
9022	100	
Sales Tax	80101	
78390	100	
TOTAL PAID	\$	<u>357.25</u>

CITY AUDITOR
 JAN 18 1989
 140 00 89
 170 00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

OFFICIAL RECEIPT

No 37220



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

Date: 1-11- 1989

From: Don Bates Address: S.D.
Three Hundred fifty and no. Dollars (\$ 350.00)
 In one hundred Payment of on Emily Mae Bates

Lot 2857 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-7836
 BALANCE DUE 357.20

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	63033	
	9022	
	80101	
	78360	
		<u>350.00</u>

CITY AUDITOR
PAID
350.00
1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37218

Date: 1-10, 1989

From: Amylee Pater Address: _____

Three hundred dollars Dollars (\$ 300.00)

In _____ Payment of Amylee Pater

Lot 2051 Grave _____ Row _____ Section _____

Invoice No. _____

Acct. No. 8-7836

W.O. 707.85

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	<u>119.00</u>
80% Sales of Lots	100	<u>170.00</u>
Opening/Closing	100	<u>5.00</u>
Burial Containers	77181	
	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83003	
	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>300.00</u>

CITY AUDITOR

Division 10
 Block 244
119.00 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37211

From: Lila Cross Address: 1050 Leland St, La Verde Date: 1-10 1989
Howe Funeral Home Dollars (\$) 300.00
 In _____ Payment of Emily M. Butler's Interment

Lot 2851 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-7836
 BALANCE DUE 1007.25

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Lila Cross

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	63033	
	9022	
	60101	
	78390	
		\$ <u>300.00</u>

AUDITOR
 JAN 13 1989

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 1-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Charles Alvin Newman
 in a Double Crypt - Bottom Funeral, date, time Tues - 1-17- 2 PM
 Church, Chapel, Graveside Chapel 4 S.S.; Popadale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran yes. I want crypt extra 100.00

Lot 157 Grave BB Row _____ Section 4 Division/Block 6

Grave space & Care Fund	<u>For Double Crypt & flat marker</u>	<u>595.00</u>
Additional spaces and care fund	<u>Top open</u>	<u>-</u>
Opening/Closing & Setup		<u>320.00</u>
Burial Container	<u>Double Crypt</u>	<u>330.00</u>
Handling Fees	<u>labor</u>	<u>320.00</u>
Flower vases - Marker setting fee	<u>Not Included</u>	<u>-</u>
Recording and filing fee		<u>35.00</u>
Sales taxes		<u>23.10</u>
	Total Due	<u>1623.10</u>
	Paid receipt number <u>37214</u>	<u>1623.10</u>
	Balance due	<u>0</u>

I hereby certify I am the Sister (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 _____

* Grace M. Billings
 Signature _____
2021-6th ave
 Address _____
Los Angeles, Ca 90018
 State _____ Zip Code _____
* 733-1312
 Telephone _____

Work Order # E 7837
 PY-583 (REV. 8-85)

Invoice # _____
 Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37231

Date: 1-17, 1969

From: Anderson - Dardale Address: 5050 Tule & Blue

one hundred twenty-five Dollars (\$ 125.00)

In _____ Payment of Charles D. Anderson's Marker
installation fee

Lot 157 Grave 3 Row _____ Section 4 Division Block 6

Invoice No. _____

Acct. No. _____

W.O. 2-7657

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-67)

3214

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Tax	77184	
50% Sales of Lots	100	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	69033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125.00</u>

CITY AUDITOR
JAN 23 1969

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37214



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

Date: Jan 10 1989

From: Grace N. Bellinger Address: 2021-6th Ave #4 L.A. 90018

Sixteen hundred twentythree and 10/100 Dollars (\$ 1623.10)

In full Payment of Interment of Charles Alvin Newman - dec

through up to stone must pay \$100.00 additional

Lot 157 Grave B Row _____ Section 4 Division Block 63

Invoice No. _____

Acct. No. _____

W.O. F 7837

BALANCE DUE 0

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

0916

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	119	00
20% Sales Care	77184		
80% Sales of Lots	100	476	00
Opening/Closing	77181	320	00
Burial Containers	100	330	00
Handling Fee	77185	320	00
Recording & Misc. Fees	77183	35	00
Pre-Need Trust	63030		
	9022		
Sales Tax	80101	23	10
	76390		
TOTAL PAID		\$ 1623	10

JAN 13 1989
AUDITOR

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7837

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Charles	1B. MIDDLE Alvin	1C. LAST (FAMILY) Newton	2. DATE OF BIRTH (MONTH, DAY, YEAR) 9-26-05	3. DATE OF DEATH (MONTH, DAY, YEAR) 1-10-89	4. SEX Male
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF DECEDENT Grace Billings - Sister 2021 6th Avenue Los Angeles, California 90018	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary 3050 Federal Blvd. San Diego, Calif.			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE F 1329		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—General Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 1-11-89
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 4.00	9B. DATE PERMIT ISSUED JAN 12 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
			9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. Box 85222 San Diego, CA.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE					
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)	
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)	
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY		<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY	
<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY				☐ K. DISPOSITION PENDING
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA.		11B. DATE INTERRED 1-17-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A <i>Steele's Crematory 57 Bottom Double Creek</i>		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Case # PA
1065939

Date 1-10-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Blasquez age 12 - 2nd County in a None Funeral, date, time Thur - 1-12 - 1 P.M. Church, Chapel, Graveside Chapel + Witness; Erickson-Anderson 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 no set up!

Lot 163 Grave 9T Row _____ Section 1 Division/Block 12

Grave space & Care Fund Top of grave - 55.00

Additional spaces and care fund _____ 90.00

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 145.00

Paid receipt number _____

Balance due _____

Dictated by
Mr. Jerome - PA
1065939

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Vin Thomas + John

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Signature of recorded holder of deed _____

Work Order # E 7838
PV-693 (REV. 8-85)

Invoice # 078719

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7839

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) James	1B. MIDDLE Arnel	1C. LAST (FAMILY) Blancas III	2. DATE OF BIRTH (MONTH, DAY, YEAR) May 27, 1976	3. DATE OF DEATH (MONTH, DAY, YEAR) January 7, 1989	4. SEX Male
--	----------------------------	---	---	--	-----------------------

5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE Katherine Poellot (Mother) 4382 Rosebud Lane La Mesa, CA 92041
---------------------------------------	---	---

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Eric Olson - Anderson Mortuary 8390 Allison Ave., La Mesa, CA 92041	7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F296
---	--

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>John Anderson</i>	8B. DATE SIGNED January 11, 1989
---	--	--

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$ 4.00	9B. DATE PERMIT ISSUED JAN 11 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>
---	--	--	---

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH Vital Records 30 Ave 5222 San Diego, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— # DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
--	--	---

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)	
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)	
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		

FOR CORONER'S USE ONLY

K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CEMETERY St. Rose Cemetery 3751 Belmont St. San Diego, CA	11B. DATE INTERRED 163-9T-1-12 1-1289	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Roger Stetter</i>
INTERMENT			
	12A. NAME AND ADDRESS OF CREMATORY Flax Octagon - Orth General Plastic Handles -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
CREMATION			
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
SCIENTIFIC USE			
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
TRANSIT			
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego ✓

Date 1-11-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Louise H. Mendeman

in a Vault Funeral, date, time 1-13 - Fri - 1 P.M.

Church, Chapel, Graveside Chapel - 22 ; Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 569 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 0

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recordal holder of deed _____

Signature Via Phone Mr. Conrad

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7839

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7839

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) LOUIS	1B. MIDDLE HELMUTH	1C. LAST (FAMILY) MINDEMAN	2. DATE OF BIRTH (MONTH, DAY, YEAR) 2-11-1905	3. DATE OF DEATH (MONTH, DAY, YEAR) 1-10-1989	4. SEX M
5A. CITY OF DEATH Santa Ana		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Orange		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Duane L. Mindeman - Son 355 Calle Grande Orange, CA 92669	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lemon Grove Mortuary 7367 Broadway - Lemon Grove, CA 92045			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE F981		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 1-12-89	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 4.00	9B. DATE PERMIT ISSUED JAN 13 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	10. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— San Diego Co. Dept. of Health Services/Vital Records/P.O. Box 85222/San Diego, CA 92138-5222			

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102 <i>569-1-8</i>	11B. DATE INTERRED 1-13-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED <i>19th Steel Seal - Vault</i>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COMPLETE ALL APPLICABLE ITEMS

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-11-89

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of Hubert F. Bluteau

in a Crypt Vault Vault/Urns Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 1574 Grave - Row - Section 4 Division/Block B

Grave space & Care Fund Pre need D-5430 RD.

Additional spaces and care fund none

Opening/Closing & Setup Paid into trust 320⁰⁰

Burial Container See Rec. 175⁰⁰

Handling Fees See Rec. 170⁰⁰

Flower vases - Marker setting fee Ne.

Recording and filing fee 35⁰⁰

Sales taxes 12²⁵

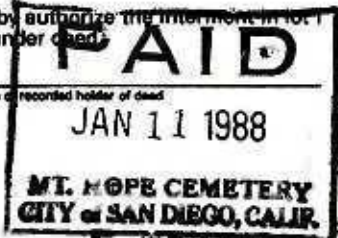
Total Due 712²⁵

Paid receipt number 37219 712²⁵

Balance due 0

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 agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under dead.



Signature of recorded holder of dead

Hubert F. Bluteau

6379 Trojan Ave

S.D. 92115

Ca. Zip Code

582-1588 Telephone

Invoice # _____

Acct. # _____

Work Order # E 7840

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

Trust

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37219

Date: Jan 11 19 89

From: Herbert Bluteau Address: 5379 Trojan Ave - D. 92115

Seven Hundred Twelve and 25/100 Dollars (\$ 712.25)

In full Payment of Conate Vault - Opening & C. - Bur. Fee & Tax
Pre-need Trust

Lot 1574 Grave Row Section Division 10

Invoice No.

Acct. No.

W.O. E-7840

BALANCE DUE

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

189

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

11

ISSUED BY Loeyu Stella

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	69333	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>712.25</u>

CITY AUDITOR
 JAN 13 1989

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-12-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of James J. The Dermott

in a Ash Vault Funeral, date, time Feb 1/20 11:00

Church, Chapel, Graveside Witness ; Requiem Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 900 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup increased _____

Burial Container _____

Handling Fees 0-8911 _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____

Total Due 35.00

Paid receipt number 31240 35.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

James W. M. Dermott
Signature

Address _____

State 426-9636 Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7841

PY-583 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7841

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) James	1B. MIDDLE John	1C. LAST (FAMILY) McDermott	2. DATE OF BIRTH (MONTH, DAY, YEAR) 02-03-1900	3. DATE OF DEATH (MONTH, DAY, YEAR) 01-12-89	4. SEX Male
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT James W McDermott-son 121 Orange Ave Sp 33 Chula Vista, Ca 92011	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY 14065 Hwy 8 Bus. El Cajon, Ca			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-1352		
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Janet Deiman</i>		8B. DATE SIGNED 1-13-89		

* PERMIT AUTHORIZATION OF LOCAL REGISTRAR <small>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED JAN 13 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Rumbach, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input checked="" type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt Hope Cemetery 900-10 3751 Market St San Diego, Ca	11B. DATE INTERRED 1-20-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY Leneda Inc 14065 Hwy 8 Bus. El Cajon, Ca	12B. DATE CREMATED 1/13/89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a Center Head - Ash Vault	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3181

No 37240

Date: 1-20 . 19 89

From: Mr. Mc Dermott Address: _____

In thirty-five no 110 Dollars (\$ 35.00)
 Payment of James Mc Dermott

Lot 900 Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. 2-7841

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AG-212 (Rev. 10-87)

2454093

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

[Handwritten Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>35.00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	76390	
TOTAL PAID	\$	<u>35.00</u>

AUDITOR
 JAN 28 1989

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-12-89

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of Alexander Dyachenko

in a Ball Boxes Vault/Liner Funeral date, time Fri 1/13 10:00

Church, Chapel, Graveside Church & Home, Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 24 Grave _____ Row 1 Section 3 Division/Block 2

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 7.00

Total Due 607.00

Paid receipt number 37263 607.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7842

PT-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 7842

1A. NAME OF DECEDENT—FIRST (GIVEN) ALEXANDER	1B. MIDDLE -	1C. LAST (FAMILY) DYACHENKO	2. DATE OF BIRTH (MONTH, DAY, YEAR) 6-12-1955	3. DATE OF DEATH (MONTH, DAY, YEAR) 1-12-89	4. SEX M
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Dmitry Dyachenko—Father 4314 Proctor Place San Diego, CA 92116	
7A. TYPE, NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Conrad Lemon Grove Mortuary 7387 Broadway—Lemon Grove, CA 92045			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F 941		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such 	8B. DATE SIGNED 1-12-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 12 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH San Diego Co. Dept. of Health Services Vital Records/P.O. Box 85222 San Diego, CA 92138-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE INTERRED 1-13-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37263

Date: 1-26, 1989

From: Conrad Westman Address: 7387 Paradise, Lemon Grove

six hundred seven no/100 Dollars (\$ 607.00)

In Payment of Alexander Dyachenko's Interment

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No _____
 Acct. No _____
 W.O. 2-7842
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 06 1989

ISSUED BY Conrad Westman

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184	320	00
Burial Containers	100	100	00
Handling Fee	77182	145	00
Recording & Misc. Fees	100	35	00
Pre-Need Trust	63033		
Sales Tax	9022		
	60101	7	00
	78390		
TOTAL PAID		\$	607 00

6839

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-12-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frank A Small in a F.S. Vault Funeral, date, time Tues 1/19 10:00 Church, Chapel, Graveside Seaside Lewis 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 717 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 12.25

Total Due 712.25

Paid receipt number 37226 712.25

Balance due 0

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

E.F. Small
Signature
2774 Camino LEBALA
Address
LA JOLLA, CA. 92037
State _____ Zip Code _____

Telephone _____

Work Order # E 7843

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7843

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) FLOYD	1B. MIDDLE A.	1C. LAST (FAMILY) SMALL	2. DATE OF BIRTH (MONTH, DAY, YEAR) 10-09-1889	3. DATE OF DEATH (MONTH, DAY, YEAR) 01-11-1989	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Elmer P. Small - son 2279 Caminito Cabala La Jolla, CA 92037	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lewis Colonial/Benbough San Diego, CA 92104			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 7-488		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such Malinda M. Stewart for LCB		8B. DATE SIGNED 1-13-89	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 13 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald E. Rannoch, M.D.
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY <input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery - San Diego, CA 3751 Market St. 717-1-8	11B. DATE INTERRED 1-17-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY n/a] Vault - Cloth covered Wooden State -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37226

From: Mr. O. Small Address: 2279 Cominita Cabala, SD Date: 1-13, 1989
seven hundred twelve 25/100 Dollars (\$ 712.25)
In Payment of Floyd Small's Interment

Lot 717 Grave _____ Row _____ Section 1 Division Block 8

Invoice No. _____
Acct. No. _____
W.O. 8-9843
BALANCE DUE _____

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>578.00</u>
Burial Containers	100	<u>125.00</u>
Handling Fee	77182	<u>38.00</u>
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Trust	9022	
Sales Tax	60101	<u>12.25</u>
	78090	
TOTAL PAID	\$	<u>712.25</u>

109

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-13-89

Prepaid

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jeanette Branch

in a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

✓ Lot 104 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 250.00

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 7.00

*sent ahead to
Ragsdale
c/o Clyde Robertson*

Total Due 857.00

Paid receipt number 37229 857.00

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.

PAID
I hereby authorize the interment in lot I hold under deed.
JAN 13 1988
Signature of recorded holder of deed _____
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Signature 140 S. Gregory St
Address San Diego, CA 92113
State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E 7844**
PY-503 (REV. 8-84)

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 37229

Date: 1-13, 19 89

From: Clara Robertson Address: _____

credit reported fifty seven Dollars (\$ 857.00)
 In _____ Payment of Final lot and trust for
Jeanette Brown

Lot 104 Grave 2 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. B-7844
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Andrew Wood

CREDIT	67007	
20% Sales Care	77184	<u>50.00</u>
80% Sales of Lots	100	<u>200.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	60393	<u>107.00</u>
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>857.00</u> See

CITY AUDITOR
 JAN 23 1989

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-16-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of William Morgan

in a Bell Service Funeral, date, time Fri - 11 Am - 1-20

Church, Chapel, Graveside Church + St. Agadale; Agadale 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 WW II # I - quite OK.

Lot 101 Grave 10 Row _____ Section 2 Division/~~Block~~ 7

Grave space & Care Fund Per need A-1892- _____

Additional spaces and care fund one sp. _____

Opening/Closing & Setup _____ 320.00

Burial Container Concrete Liner 100.00

Handling Fees Labor 145.00

Flower vases - Marker setting fee none - _____

Recording and filing fee _____ 35.00

Sales taxes _____ 7.00

Total Due _____ 607.00

Paid receipt number 37236 607.00

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.

Jennifer Chubris
Signature
125038 Montgomery Lane
Address
Menlo Park, Ca. 94016
State Zip Code
445-0839
Telephone

Signature of recorded holder of deed
Called By Mr. Agadale

Work Order # E 7845
PY-693 (REV. 8-85)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7845

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIAM	1B. MIDDLE C.	1C. LAST (FAMILY) MORGAN	2. DATE OF BIRTH (MONTH, DAY, YEAR) 08-27-98	3. DATE OF DEATH (MONTH, DAY, YEAR) 01-14-89	4. SEX Male
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Jacqueline A. Perkins - Niece 25038 Manzanita Lane Descanso, CA 92016	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F 1329		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 01-17-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 17 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P. O. Box 85222 San Diego, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St.: San Diego, CA	11B. DATE INTERRED 10-10-2-7	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 209a. Steel Batesville Calc Hand Bell Lane - Navy Sqd.	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A See Lot Card for Pipeline	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 37236

E 7845

Date: 1-18, 1989

From: Mr. Pecker's Address: 2206 69th Street N, San Diego

Six hundred seven and 10/100 Dollars (\$ 607.00)

In Payment of William Nagas's Interment

Lot 101 Grave 10 Row _____ Section 2 Division 7 Block _____

Invoice No. _____

Acct. No. _____

W.O. 7845

BALANCE DUE 607.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	320.00
Burial Containers	100	101.00
Handling Fee	77186	145.00
Recording & Misc. Fees	100	35.00
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	7.00
	78390	
TOTAL PAID	\$	607.00

CITY AUDITOR

JAN 23 1989

1644
320
107.00

OFFICIAL RECEIPT

No 37566



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Date: 3-29, 1989

From: Jacqueline Pechin Address: 25038 Margarita Dr
San Diego thirty-five Dollars (\$ 135.00)

In Payment of Margarita Monument installation

Lot 101 Grave 10 Row _____ Section 2 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. 2-7845

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1069

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
 APR 05 1989

ISSUED BY Josha Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	<u>135.00</u>
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID		<u>135.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego



Date 1-16-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Silvio Coscia 

in a Courts Vault/Liner Funeral, date, time 1-31/10AM/Tues

Church, Chapel, Graveside Graveside ; Family free care 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 507 Grave _____ Row _____ Section 5 Division/8

Grave space & Care Fund B-1230- _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container _____ 40.00

Handling Fees labor _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____ 2.80

Total Due 242.80

Paid receipt number 39270 242.80

Balance due 0

Payable 1-31-89
no chain - New P. 8/11/89
Obituary Family

I hereby certify I am the Son in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Via Brown
Richard H. Clayton
Signatures of recorded holder of deed

Richard H. Clayton
Signature
2752 B 1/2 Rd
Address
Cal.
State
81503
Zip Code
619303-245-9380
Telephone

Work Order # E 7846
PY-589 (REV. 8-85)

Invoice # _____
Acct. # _____

E 7846

Date January 15, 1989

This Package Contains the cremated remains of

Mr. Silvio Coscia

Who Died January 15, 1989 @ Grand Junction, Colo.
and whose body was cremated on the above first
mentioned date at

Callahan-Edfast Mortuary

1250 East Sherwood Drive

PO Box 546 • Grand Junction, CO 81502-0546 • (303) 243-2450



**COLORADO DEPARTMENT OF HEALTH
AUTHORITY FOR FINAL DISPOSITION**

E 7845

This final disposition permit, when completely filled out and bearing the required signature, constitutes authority for burial, interment, cremation, removal from the state, or other authorized disposition of the deceased named below, in accordance with Section 25-2-111 C.R.S. 1982. This permit must accompany the remains to their destination.

Name of Decedent Silbio Coscia Date of Death Jan. 15, 1989

Sex Male Age 66 Date of birth Oct. 7, 1922 Place of Death Grand Jct. Mesa
City County

Name of Funeral Establishment Callahan-Edfast Mortuary PK

Address of Funeral Establishment Box 546

Type of Disposition Cremation Place Callahan-Edfast Crematory Grand Jct Co
Cemetery or Crematory City State

I have examined the completed death certificate for the decedent named above and authorize final disposition of the remains. (To be signed by the office designated or established pursuant to Section 25-2-103 C.R.S. 1982 in the county where the death occurred, or if such an office does not exist in the county where the death occurred by the coroner or the coroner's designate.)

Jane Curtis Deputy 575 Patterson Jan. 17, 1989
Signature, Title Address Date

Items below are to be completed by the cemetery or crematory official.

Where there is no full-time person in charge of the cemetery, the funeral director may sign as sexton.

Body was Cremated Date 1-15-89 In Lot _____ Block _____ Section _____

Place Callahan - Edfast Crematory

Hary Blackburn - Associate Jan 17, 1989
Signature Title Date

OFFICIAL RECEIPT

No 37270



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Date: 1-31, 1989

From: Richard Clifton Address: 2752 B 1/2 Rd, Columbia

two hundred forty-two and 80/100 Dollars (\$ 242.80),

In Payment of Richard Clifton's Cemetery

Lot 507 Grave _____ Row _____ Section 5 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-2646

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

0112

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Cars	77184	
80% Sales	100	
of Lots	77184	
Opening	100	<u>105.00</u>
Closing	77181	
Burial	100	<u>40.00</u>
Containers	100	
Handling	100	<u>60.00</u>
Recording	77185	
Misc. Fees	100	<u>35.00</u>
Pre-Need	80003	
Trust	8022	
Sales Tax	80101	<u>2.80</u>
	76390	
TOTAL PAID	\$	<u>242.80</u>

RECEIVED BY AUDITOR
FEB 17 1989

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date Jan 16, 1989

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of Manuela S. Romero

in a Vault Funeral, date, time Thurs - 1/19 / 10 AM

Church, Chapel, Graveside Chapel # 48; Cypress View 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 15 Grave 9 Row _____ Section 2 Division/Block 7

Grave space & Care Fund 11703- _____

Additional spaces and care fund none _____

Opening/Closing & Setup 320⁰⁰

Burial Container Concrete Vault 175⁰⁰

Handling Fees labor 170⁰⁰

Flower vases - Marker setting fee none _____

Recording and filing fee 35⁰⁰

Sales taxes 12²⁵

*open back gate
30 days note*

Total Due 712.25

Paid receipt number 2/13/89 712.25

Balance due 0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Priscilla Montoya
Signature
3356 Towns, st
Address
San Diego Ca, 92123
City
583-3565-277-1272 Zip Code
Telephone

Work Order # E 7847
PY-593 (REV. 8-88)

Invoice # 078715
Acct. # 028876

NOTE

W.O. # 8-7842\$ 712.25 San Diego, California1-17 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Seven hundred twelve 25/100 DOLLARS with interest from 2-17-89 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME ERNEST PRECIADO SIGNATUREErnest PreciadoADDRESS 3600 21ST ST #105 SAN FRANCISCO, CALIF.CALIF. DRIVERS LIC. # F0939560

94114

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7847

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Marcos	1B. MIDDLE S.	1C. LAST (FAMILY) Romero	2. DATE OF BIRTH (MONTH, DAY, YEAR) Dec. 24, 1905	3. DATE OF DEATH (MONTH, DAY, YEAR) Jan. 16, 1989	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Juan D. Pruciano - Son 6033 Thorn Street San Diego, CA. 92115	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Cypress View/Bonham Brothers - San Diego, CA. 3933 Imperial Ave.			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 679		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 1-16-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 17 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH San Diego County - Vital Records P.O. Box 83222, San Diego, CA. 92138		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT N/A	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY St. Hope Cemetery 3751 Market Street, San Diego, CA. 92102	11B. DATE INTERRED Jan. 19, 1989	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

REPORT NO. C63-102

PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/22/89

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/O	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
078715	01/30/89	028876	ERNEST PRECIADO						02/13/89	CK	2063	712.25	712.25	0.00
				100	072		77181		000072			320.00		
				100	072		77182		000072			175.00		
				100	072		77183		000072			35.00		
				100	072		77185		000072			170.00		
				60101			78390					12.25		
NUMBER OF INVOICES PAID					1									
TOTAL AMOUNT PAID					712.25									

712.25 PAID IN FULL



E-1847

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego ✓

Date 1-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John P. Kelley

in a Bellini Funeral, date, time Thur - 1/19 - 11 AM

Church, Chapel, Graveside Graveside; Feathergill 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 67 Grave 1 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund Pre need - D-9525 _____

Additional spaces and care fund none _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 35.00

Paid receipt number 37235 35.00

Balance due 0

need P.B.

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. Chom from Ed. OK - Gail Parla Hutter

Signature of recorded holder of deed _____

Signature 14720 NW 3rd Ave
Address Miami FL 33168
State 681-6650 Zip Code
Telephone _____

Work Order # E 7848

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7848

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN	1B. MIDDLE PERSHING	1C. LAST (FAMILY) KELLEY	2. DATE OF BIRTH (MONTH, DAY, YEAR) 10/15/18	3. DATE OF DEATH (MONTH, DAY, YEAR) 1/15/89	4. SEX M
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5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Doris Hutter-dog 14720 NW 3rd Ave. Miami, FL 33168
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7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 1083
--	--

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Edward Feathers</i>	8B. DATE SIGNED 1-18-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 19 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramon, M.D. mm</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH PO Box 85222 San Diego, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 67-1-3-12 Mt. Hope 3751 Market St San Diego, CA	11B. DATE INTERRED 1-19-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CREMATORY n/a Belshire - Octagon - Woodley	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37235

Date: 1-18 1989

From: Darla Stutter Address: 14720 NW 3rd, Miami, FL

thirty-five no/100 Dollars (\$ 35.00)

In Payment of Jane Kelley's Headstone

Lot 67 Grave 1 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-2898

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78300	
TOTAL PAID	\$	<u>35.00</u>

CITY AUDITOR

JAN 23 1989

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego ✓

Date 1-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of William W. Harrison

in a Conute Vault Funeral date, time Thurs - 1 P.M. - 1/19

Church, Chapel, Graveside Chapel & G.S. - Rosedale 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 261 Grave 5 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund Single Burial 495⁰⁰

Additional spaces and care fund none

Opening/Closing & Setup 320⁰⁰

Burial Container Conute 175⁰⁰

Handling Fees labor 170⁰⁰

Flower vases - Marker - setting fee —

Recording and filing fees 25⁰⁰

Sales taxes 12²⁵

Total Due 1207.25

Paid receipt number 37230 1207.21

Balance due 0

PAID
JAN 17 1988
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Doris Harrison Webster
Signature
6580 MACARTHUR DR.
Address
LEMONGRAVE CA 92045
State
(619) 583-0921
Telephone Zip Code

Signature of recorded holder of deed

Work Order # E 7849
PT-583 (REV. 8-85)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7849

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) William	1B. MIDDLE Warner	1C. LAST (FAMILY) Harrison	2. DATE OF BIRTH (MONTH, DAY, YEAR) 8-26-1891	3. DATE OF DEATH (MONTH, DAY, YEAR) 1-14-89	4. SEX Male
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5A. CITY OF DEATH San Mesa	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Bessie Harrison - Webster-Dt 6580 MacArthur Drive Lemon Grove, California 92045
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7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary 5050 Federal Blvd.	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F - 1329	
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ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Webster D. Ragsdale</i>	8B. DATE SIGNED 1-19-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED JAN 19 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D., M.M.</i>
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ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. Box 85222 San Diego, CA. 92138	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, California 261-5-2-12	11B. DATE INTERRED 1-19-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Vault Steel non Sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 37230

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: Jan 17 1989

From: Clarence Milton Address: El Centro Ca 92243

Twelve hundred seven and 25/100 Dollars (\$ 1207.25)

In full Payment of Intuments of and for William W. Harrison - dec

Lot 261 Grave 5 Row — Section 2 Division 12
Block 12

Invoice No. _____
Acct. No. _____
W.O. E-7849
BALANCE DUE 0

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CITY AUDITOR
JAN 23 1989

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	99	00
80% Sales of Lots	100	996	00
396	77164		
Opening/Closing	100	320	00
77181			
Burial Containers	100	175	00
77182			
Handling Fee	100	170	00
77185			
Recording & Misc. Fees	100	35	00
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	12	25
78390			
TOTAL PAID		\$	1207.25

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dr. Adeline J. Brown
in a Bell Case Vault/Liner Funeral date, time Thurs 1/19 10:00

Church, Chapel, Graveside Imperial; Rosedale 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 3029 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund

Opening/Closing & Setup 64.00

Burial Container 49.00

Handling Fees 50.00

Flower vases - Marker setting fee 35.00

Recording and filing fee 3.00

Sales taxes 3.00

Total Due 299.00

Paid receipt number 37237 299.00

Balance due 0

I hereby certify I am the Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Kenny R. Brown
Signature
1737 Bay View Hrs Dr. #43
Address
S.D. CA. 92105
State Zip Code
263-4837
Telephone

Work Order # E 7850
PY-593 (REV. 8-85)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7850

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) DeAdrienne	1B. MIDDLE Jacquez	1C. LAST (FAMILY) Brown	2. DATE OF BIRTH (MONTH, DAY, YEAR) 10-7-88	3. DATE OF DEATH (MONTH, DAY, YEAR) 1-13-89	4. SEX Male
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Henry Ranier Brown - Father 1737 Bayview Hts. Drive #43 San Diego, California 92105	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary 5050 Federal Blvd.			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F 1329		
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 1-17-89		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR <small>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED JAN 18 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>		
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. Box 85222 San Diego, Calif 92138		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, California	11B. DATE INTERRED 1-19-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 3-0-White Plains Ina OX Liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 37232



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 1-17 1989

From: Capitola Estate Address: 5050 Grand Blvd. SD

two hundred ninty nine and 00/100 Dollars (\$ 299.00)

In Payment of No. Advance f. Brown's Interment

Lot 3029 Grave _____ Row _____ Section 1 Division 9 Block 9

Invoice No _____
Acct. No _____
W.O. 2-7850
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007	20	00
20% Sales Com	77184	80	00
80% Sales	100		
of Lots	77184	64	80
Opening/ Closing	77184	47	00
Burial	100		
Cemetery	77182	30	80
Handling Fee	100		
Recording & Misc. Fees	77183	35	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78300	3	00
TOTAL PAID		219	00

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

3245

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-17-88

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Stephen McKenzie

in a _____ Vault/Line Funeral, date, time Wed 1/18 11:00

Church, Chapel, Graveside Nitross; None 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 114 Grave 8 Bottom Row _____ Section 1 Division/Block 12

Grave space & Care Fund 55.00

Additional spaces and care fund

Opening/Closing & Setup 90.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145.00

Paid receipt number _____

Balance due _____

P.A. - 10 66080

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

*Hal Lewis
at Board Hill*

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7851

PY-583 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7851

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Stephen	1B. MIDDLE -	1C. LAST (FAMILY) McKenzie	2. DATE OF BIRTH (MONTH, DAY, YEAR) June 29, 46	3. DATE OF DEATH (MONTH, DAY, YEAR) Jan. 10, 89	4. SEX Male
5A. CITY OF DEATH Encinitas		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Public Administration 5201-A Ruffin Road San Diego, CA 92123	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 1424		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED Jan. 17, 1989
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED JAN 17 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH Vital Records, 3851 Miramar San Diego, CA 92101	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

PA

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market ST. San Diego, CA	11B. DATE INTERRED 1-18-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A - no home - Pater Board Fletcher 4 - Sunny Bay Health	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Elvira Butler
in a T.S. Vault Funeral, date, time Thurs 1/19 10:00

Church, Chapel, Graveside Graveside; Corrad 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 will use Market

Lot 119 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 300.00

Additional spaces and care fund

Opening/Closing & Setup 300.00

Burial Container 15.00

Handling Fees 170.00

Flower vases - Marker setting fee 35.00

Recording and filing fee 12.25

Sales taxes 102.25

Total Due 102.25

Paid receipt number _____

Balance due _____

I hereby certify I am the ELDEST SON of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Paul S. Butler
Signature
470 S. 48. St.
Address
PHX, ARIZONA
City
85034 Zip Code

Telephone 602-267-0909

Invoice # 078713

Acct # 028874

Work Order # E 7852
PY-593 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7852

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ELVIRA	1B. MIDDLE VERONICA	1C. LAST (FAMILY) BUTLER	2. DATE OF BIRTH (MONTH, DAY, YEAR) 12-11-1911	3. DATE OF DEATH (MONTH, DAY, YEAR) 1-15-1989	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Pre-need	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Conrad Lamon Groves Mortuary 7387 Broadway - Lamon Grove, CA 92045			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F 941		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such 	8B. DATE SIGNED 1-16-1989
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 18 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH San Diego Co. Dept. of Health Services Vital Records/P.O. Box 85222 San Diego, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
--	--

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE INTERRED 119-10-2-11	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Oitoyan - Woody T.S. Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

W.O. # E-7852

NOTE

\$ 1012.25 San Diego, California

1-17 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of one thousand twelve 25/100 DOLLARS with interest from 3-19-89 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME JAC R C BUTLER SIGNATURE Jac R C Butler

ADDRESS 420 S. 48th T. PHOENIX, ARIZONA 85034

CALIF. DRIVERS LIC. # SS # 546-62-7034

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Hale

in a Flag Vault Crypt Funeral date, time Fri 1/20 2:00
Church, Chapel, Graveside Church & Home Paradise 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 _____

✓ 3669 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes

Total Due 355.00

Paid receipt number 37239 355.00

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 _____

Signature Jimmy Carter

Address 5251 Logan ave

State San Diego Ca 92114 Zip Code

Telephone 619-262-9762

Work Order # E 7853

PT-583 (REV. 8-86)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7853

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN) James	1B. MIDDLE =	1C. LAST (FAMILY) Hale	2. DATE OF BIRTH (MONTH, DAY, YEAR) 3/6/13	3. DATE OF DEATH (MONTH, DAY, YEAR) 1/12/89	4. SEX Male
--	------------------------	----------------------------------	---	--	-----------------------

5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Winnie Coutee - Sister 3856 Logan Ave. San Diego, CA 92113
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7A. TYPED NAME AND ADDRESS OF APPLICANT, FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. San Diego, CA 5050 Federal Blvd.	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F 1329
---	--

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Harold W. Ragsdale</i>	8B. DATE SIGNED 01/17/89
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* PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 17 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Roman, M.D.</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P. O. Box 85222 San Diego, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St.: San Diego, CA	11B. DATE INTERRED 1-20-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>George Stettin</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Roga Steelcraft Suffer - Searcy on top of D.C. -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Dona & Staff at Laveille</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A "He Was our Special Friend"	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

№ 37239

Date: 1-20, 19 89

From: Janice C. Lopez Address: 5251 Jason Ave, San Diego, CA

Three hundred fifty-five Dollars (\$ 355.00)

In Payment of Janice C. Lopez's Statement

AUDITOR
JAN 29 1989

Lot 2669 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7853

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1321

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
2% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	100	<u>320.00</u>
Burial Containers	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	<u>85.00</u>
Pre-Need Trust	77183	
Sales Tax	65033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>355.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-17-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Irma Springstead in a Best Vault Vault/Liner Funeral, date, time no service Church, Chapel, Graveside Delivery Only Room 1123 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 19 Grave 46 Row _____ Section MPS Division/Block N

Grave space & Care Fund	_____
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>105.00</u>
Burial Container	<u>40.00</u>
Handling Fees	<u>60.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>35.00</u>
Sales taxes	<u>2.80</u>
Total Due	<u>242.80</u>
Paid receipt number <u>37241</u>	<u>242.80</u>
Balance due	<u>0</u>

I hereby certify I am the niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Susan Springstead
Signature
326 San Antonio Ave
Address
San Diego, Ca 92106
State
23-1337 Zip Code
Telephone

Work Order # E 7854
PY-883 (REV. 8-86)

Invoice # _____
Acct. # _____

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE



COOPERATIVE CENTER FOR
HEALTH STATISTICS - VITAL
STATISTICS

450 W. STATE ST.
BOISE, IDAHO 83720

E7854

CERTIFICATE OF DEATH

DATE FILED: DECEMBER 19, 1988 STATE FILE NUMBER: 88-06907

DECEDENT: IRMA FRANCES SPRINGSTEAD

DATE OF DEATH: DEC. 07, 1988 PLACE OF DEATH: HARRISON, IDAHO

DATE OF BIRTH: JAN. 22, 1897 PLACE OF BIRTH: OREGON

AGE: 91 YEARS SEX: FEMALE CITIZENSHIP: UNITED STATES VETERAN? NO

MARITAL STATUS: WIDOWED SURVIVING SPOUSE:

SOCIAL SECURITY NUMBER: 518-82-4280 RESIDENCE: HARRISON, IDAHO

FATHER: DANIEL HELBOK

MOTHER: ANNIE HART

MORTUARY: YATES FUNERAL HOME COEUR D'ALENE, ID

CERTIFIER: ROBERT WEST, MD, CORONER AUTOPSY: YES

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST: INTERVAL
MASSIVE CRANIO CEREBRAL DISRUPTION IMMEDIATE
GUNSHOT WOUNDS TO HEAD IMMEDIATE

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:
CARDIAC PACEMAKER

TYPE OF INJURY: HOMICIDE DATE OF INJURY: DECEMBER 07, 1988

HOUR OF INJURY: 04:00 A.M. (APPROXIMATELY) INJURY AT WORK? NO

HOW INJURY OCCURRED: RECD 2 CLOSE RANGE SMALL CAL.GSW TO HEAD

PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: U.S.97,MP78-77 CARLIN BAY COEUR D'ALENE IDAHO

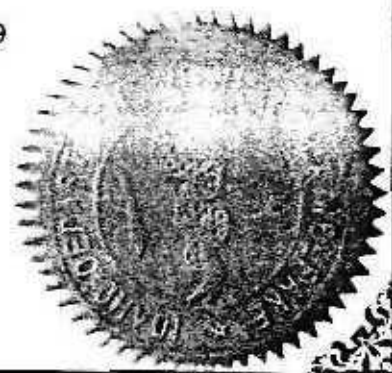
DATE ISSUED: JANUARY 03, 1989

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Idaho Department of Health & Welfare, Boise, Idaho.

See Siggs, R.N.

BEE BIGGS, R.N. State Registrar

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH EMBOSSED SEAL OF IDAHO
DEPT. OF HEALTH & WELFARE CLEARLY AFFIXED.
Section 39-273, Idaho Code



142872

HW40139

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

№ 37241

Date: 1-20, 19 89

From: Irma Springstead Address: 326 San Antonio Ave, SD

Two hundred forty-two 80/100 Dollars (\$ 242.80)

In _____ Payment of Irma Springstead's money

Lot 19 Grave 46 Row _____ Section MAS Division Block 19

Invoice No _____
 Acct. No _____
 W.O. E-7854
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-67)

1630

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Irma Reed

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	105.00
Burial Containers	100	40.00
Handling Fee	77185	60.00
Recording & Misc. Fees	100	35.00
Pre-Need Trust	83033	
	8022	
Sales Tax	80101	2.80
	78390	
TOTAL PAID	\$	242.80

AUDITOR

1989

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 1-19-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Angela Constance Guili Compagna

Burial ash vault Vault/Liner Funeral, date, time A.Y.P. 1/26

Church, Chapel, Graveside none; Beady Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

under marker on Rite Side

Lot 5 Grave 1 Row 5 Section 5 Division/Block 5

Grave space & Care Fund In space of Mother A-5315 0

Additional spaces and care fund Room for Mr. Robert Compagna

Opening/Closing & Setup 105⁰⁰

Burial Container 40⁰⁰

Handling Fees 60⁰⁰

Flower vases (Marker setting fee for 12 X 30 X 3 - 125⁰⁰

Recording and filing fee 35⁰⁰

Sales taxes 2.80

Total Due 367.80

Paid receipt number 37252 367.80

Balance due 0

*B.M.
Invoice*

*Called 1/24
Robert
OK*

I hereby certify I am the Myself + 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 P. Compagna
Signature
4774 Bermuda Ave.
Address
San Diego, Ca. 92107
State Zip Code
223-0157
Telephone

Work Order # E 7855

PI-593 (REV. 6-86)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7855

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) IRMA AKA: IRMA	1B. MIDDLE CONSTANCE CONSTANCE	1C. LAST (FAMILY) COMPAGNA COMPAGNA	2. DATE OF BIRTH (MONTH, DAY, YEAR) NOV 21, 1920	3. DATE OF DEATH (MONTH, DAY, YEAR) JAN 18, 1989	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT ROBERT P. COMPAGNA, HUSBAND 4776 BERBERA AVENUE SAN DIEGO, CA 92107	
7A. TYPE, NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH EMERSON-INTERNATIONAL FUNERAL HOME, 1215 SORLEY CLIFFS BLVD, SAN DIEGO, CA 92107			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-816		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 34.00	9B. DATE PERMIT ISSUED JAN 20 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. BOX 92222, SAN DIEGO, CA 92138-9222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- | | |
|--|---|
| <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) |
| <input checked="" type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) |
| <input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |

- | |
|---|
| <input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA) |

FOR CORONER'S USE ONLY

- K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MY HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA <i>5-1-5-5</i>	11B. DATE INTERRED <i>1-26-89</i>	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY GREENWOOD CREMATORY, 1-805 & IMPERIAL AVENUE, SAN DIEGO, CA <i>5-1-5-5</i>	12B. DATE CREMATED JAN 20 1989	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <i>P.I.P. Nice Copper Mine Under Mackerson Left (East)</i>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

No 37252



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

Date: 1-24 1989

From: Leschley Mitchell Address: 1818 Sunset Cliff Blvd SD

Three hundred sixty seven and 80/100 Dollars (\$ 367.80)

In Payment of Angela Campagna's Monument

Lot: 5 Grave: 1 Row: 1 Section: 5 Division Block: 5

Invoice No. _____
Acct. No. _____
W.O. 2-7655
BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

4

ISSUED BY: Andrea Wood

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77181	105 00
Burial Containers	100	40 00
	77182	60 00
Handling Fee	100	
Recording & Misc. Fees	77183	160 00
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	2 80
	76390	
TOTAL PAID	\$	367 80

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

85-82

PROPERTY AUDITOR

JAN 29 1989

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-20-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Helen J. Steele
in a Top Seal Vault Funeral date, time Mon 1/23 1:00
Church, Chapel, Graveside Church of the Holy Cross 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 578 Grave Top of Dip Row _____ Section _____ Division/Block 18

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 300.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 12.25

Total Due 712.25

Paid receipt number 2/23/88 712.25

Balance due 0

30 day notes

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Wayne E. Steele
Address 944 Daisy St.
Escondido CA 92027
City (619) 745-8248 Zip Code
Telephone _____

Work Order # E 7856

Invoice # 078714
Acct. # 028875

W.O. # E-7856

NOTE

\$ 712.25 San Diego, California

1-20 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order, at 3751 Market Street, San Diego, Ca 92102 the sum of Seven hundred twelve 25/100 DOLLARS with interest from 3/23/89 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME WAYNE E. STEELE SIGNATURE Wayne E. Steele

ADDRESS 944 Paisy St. Escondido CA 92027


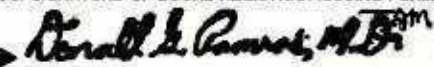
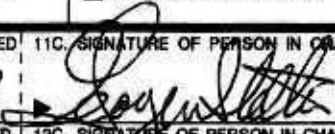
CALIF. DRIVERS LIC. # K 6281326

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7856

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) HELEN AKA HELEN	1B. MIDDLE ELIZABETH JOHNSON	1C. LAST (FAMILY) STEELE STEELE	2. DATE OF BIRTH (MONTH, DAY, YEAR) 3-9-1911	3. DATE OF DEATH (MONTH, DAY, YEAR) 1-19-1989	4. SEX F
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Wayne E. Steele - Son 944 Daisy Street Escondido, CA 92027	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Central Lamon Grove Mortuary 7387 Broadway - Lamon Grove, CA 92045			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 7941		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such 		8B. DATE SIGNED 1-20-1989
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 23 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 	
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH San Diego Co. Dept. of Health Services Vital Records / P.O. Box 83222 San Diego, CA 92138-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	
10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)	
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)	
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY		<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY	
<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY				☐ K. DISPOSITION PENDING
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE INTERRED 378T-10 1-23-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY 	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A <i>Costwood Oetgen</i> <i>Wooden - T. & K.</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A DIP	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

CITY OF SAN DIEGO
 AUDITOR & COMPTROLLER
 REPORT NO. C65-102

ACCOUNTS RECEIVABLE
 PAID INVOICE REPORT BY DEPARTMENT
 AS OF 03/01/89

DATE: 03/01/89
 TIME: 011001
 PAGE: 9

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	DRG	ACCT	J/D	PAYM CATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
078714	01/30/89	028875	WAYNE E. STEELE				02/23/89	CK	4182	712.25	712.25	0.00
			100 072		77181	000072				320.00		
			100 072		77182	000072				175.00		
			100 072		77183	000072				35.00		
			100 072		77185	000072				170.00		
			60101		78390					12.25		

E-7856

JK

NUMBER OF INVOICES PAID 1
 TOTAL AMOUNT PAID 712.25

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-20-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Frank Faynam
in a T. S. Vault Funeral date, time Tues 1/24 11:30

Church, Chapel, Graveside Chapel of Hope, Cypress View 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 Impaired State

Lot 16 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 125.00

Handling Fees 170.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 12.25

Total Due 712.25

Paid receipt number 37246 712.25

Balance due 0

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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Carole R. Van Pelt
Signature
9410 1/2 San Carlos St.
Address
Spring Valley Ca 92077
State Zip Code
475-6704
Telephone

Work Order # E 7857
PY-583 (REV. 8-86)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7857

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Frank	1B. MIDDLE -	1C. LAST (FAMILY) Farran	2. DATE OF BIRTH (MONTH, DAY, YEAR) Oct. 29, 1907	3. DATE OF DEATH (MONTH, DAY, YEAR) Jan. 20, 1989	4. SEX M
5A. CITY OF DEATH Spring Valley		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Marshall Van Pelt - Son-In-Law 9410 San Carlos Street Spring Valley, CA. 92077	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Cyprian View/Bonham Brothers 3933 Imperial Ave. San Diego, CA.			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 670		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Charles J. Hughes</i>		8B. DATE SIGNED 1/24/89	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 \$4.00	9B. DATE PERMIT ISSUED JAN 24 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Cannon, M.D., C.P.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH San Diego County - Vital Records P.O. Box 85222, San Diego, CA. 92138	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT. N/A		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY.	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego, CA. 92108	11B. DATE INTERRED 1-24-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Loyen Steh</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 16-11-2-12 Conuro Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Steel 20 gr Baisall Dealer	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37246

From: Margaret Van Relt Address: 9410 San Carlos St La Jolla
Spice Meadows twelve 55100 Dollars (\$ 712.25)
 In Payment of Frank Larson's interment

Date: 1-20, 1989

Lot 16 Grave 11 Row _____ Section 2 Division CITY 2 Block AUDITOR

Invoice No. _____
 Acct. No. _____
 W.O. 2-7857
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE

ISSUED BY Judith Wood

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>320.00</u>
Burial Containers	100	<u>175.00</u>
Handling Fee	77182	<u>170.00</u>
Recording & Misc. Fees	100	<u>25.00</u>
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>12.25</u>
	78390	
TOTAL PAID	\$	<u>712.25</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-21-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ole Larson in a crypt Vault/Liner Funeral, date, time Thurs 1/26 2:00 Church, Chapel, Graveside Utterson; Greenwood Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 4481 Grave — Row — Section — Division/Block 10

Grave space & Care Fund C-8276

Additional spaces and care fund none

Opening/Closing & Setup 105.00

Burial Container material 40.00

Handling Fees labor 60.00

Flower vases - Marker setting fee —

Recording and filing fee 35.00

Sales taxes 2.80

Total Due 242.80

Paid receipt number 37257 242.80

Balance due 0

30 day note
O.K.

I hereby certify I am the next of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Celia Millburn
 Signature 2247 Greenfield Dr.
 Address El Cajon Ca 92019
 Phone 579-7910 Zip Code

Signature of recorded holder of deed

Angie M. Jaden is the
sister of Ole Larson.

Work Order # E 7858

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7858

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) OLE	1B. MIDDLE MURPHY	1C. LAST (FAMILY) LARSEN	2. DATE OF BIRTH (MONTH, DAY, YEAR) 9-10-12	3. DATE OF DEATH (MONTH, DAY, YEAR) 1-21-89	4. SEX M
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT CELA WILLIAMS-WINE 2247 GERRARD DRIVE E. OAK, CA 92019	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH F. J. & L. B. BARNES 2247 GERRARD DRIVE E. OAK, CA 92019			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 243		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 1-24-89	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 4.00		9B. DATE PERMIT ISSUED JAN 25 1989	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. BOX 63222 SAN DIEGO, CA 92138-5222		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT					

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 751 1/2 ST. STREET SAN DIEGO, CA	11B. DATE INTERRED 4481-10	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY 1-205 GERRARD AVENUE SAN DIEGO, CA	12B. DATE CREMATED JAN 8 5 1989	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37251

Date: 1-23 1989

From: Celia Melburn Address: 2247 Sunfield Dr, San Diego

Two hundred forty-two, 20/100 Dollars (\$ 242.00)

In Payment of the City's Government

Lot 4981 Grave _____ Row _____ Section _____ Division/Block AND 29

Invoice No. _____

Acct. No. _____

W.O. 2-17656

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Andrea Wood

2891

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>105.00</u>
Burial Containers	100	<u>40.00</u>
	77182	<u>60.00</u>
Handling Fee	100	<u>35.00</u>
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>2.80</u>
	78390	
TOTAL PAID	\$	<u>242.80</u>

CITY AUDITOR
 1989

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-23

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Susietta May Bradley

in a Oak Vault Funeral, date, time Wed 1/25 11:00

Church, Chapel, Graveside Chapel of St. Luke, Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 47 Grave 2 Row _____ Section 15 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container Concrete Round Vault _____ 40.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____ 2.80

Total Due 242.80

Paid receipt number 37254 242.80

Balance due 0

BROTHER

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed _____

AUSTIN N. COFFEY
Signature
3260 SAN CARLOS DR
Address
SPRING VALLEY, CA
City
660-2095 92078
Telephone Zip Code

Work Order # **E 7859**

PY-583 (REV. 8-88)

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7859

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) AKA Santa Soletta	1B. MIDDLE Ray	1C. LAST (FAMILY) Bradley	2. DATE OF BIRTH (MONTH, DAY, YEAR) June 1, 1928	3. DATE OF DEATH (MONTH, DAY, YEAR) Jan 18, 1989	4. SEX Female
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Hilbert V. Coffey - Brother 178 Lee Alamos Drive San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Jugoslavich Mort. 5000 Federal Blvd. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F 1129		
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED Jan. 23, 1989	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 \$4.00	9B. DATE PERMIT ISSUED JAN 23 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P. O. Box 85222 San Diego, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Country San Diego, CA	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY Lanada Inc. 14005 Old Highway 80: El Cajon, CA	12B. DATE CREMATED 1/24/89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Copperlith & Behle in Found Vault - Home - Down-Whit	13B. DATE RECEIVED 1/25/89	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A Family Request all together	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

No 37254

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 1-24, 19 89

From: Master Coffee Address: 3260 San Carlos Dr, San Valley

two hundred forty-two and 00/100 Dollars (\$ 242.00)
In Payment of Master Coffee's Insurance

Lot 47 Grave 2 Row _____ Section 15 Division Block 17

Invoice No. _____
Acct. No. _____
W.O. 2-1759
BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY Andie Wood

CREDIT	87007	
20% Sales Tax	77194	
80% Sales of Lots	100	
Opening/Closing	77194	105.00
Burial Containers	100	40.00
Handling Fee	77182	60.00
Recording & Misc. Fees	100	25.00
Pre-Need Trust	83033	
Sales Tax	9022	2.00
TOTAL PAID	80101	\$ 242.00
	79380	

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

CITY AUDITOR
JAN 29 1989

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ralph Eugene Smith

in a T.S. Vault Vault/Urner Funeral, date, time Jan 11/28 10:00

Church, Chapel, Graveside Chapel Home; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran no.

Lot 211 Grave 3 Row - Section 2 Division/Block 12

Grave space & Care Fund 495.00

Additional spaces and care fund no

Opening/Closing & Setup 320.00

Burial Container T.S. Vault 175.00

Handling Fees labor 170.00

Flower vases - Marker setting fee Saturday Service 380.00

Recording and filing fee 25.00

Sales taxes 12.25

Total Due 1587.25

Paid receipt number 27247 500.00

Balance due 3/31/89 1087.25

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed

Brenda Smith
Signature
1635 Mary Lou St
Address
Calif 92102
State Zip Code
284-1867
Telephone

Work Order # E 7860
PY-583 (REV. 8-88)

Invoice # 081869
Acct. # 029606

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7860

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Ralph	1B. MIDDLE Eugene	1C. LAST (FAMILY) Smith	2. DATE OF BIRTH (MONTH, DAY, YEAR) 1-31-47	3. DATE OF DEATH (MONTH, DAY, YEAR) 1-22-89	4. SEX Male
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Lindsey Smith, Jr. - Father 1635 Mary Lou Street San Diego, California 92102	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary 5050 Federal Blvd.			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F 1329		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>W. Ragsdale</i>	8B. DATE SIGNED 1-23-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED JAN 24 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramon, M.D.</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. Box 85222 San Diego, Calif.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 211-3-2-12 Mt. Hope Cemetery 3751 Market St. San Diego, California	11B. DATE INTERRED Jan 28-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Metal-iron sealed T.S. Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37247

Date: 1-23, 19 89

From: Brenda Smith Address: 1633 Mary Lou St, SA

Five hundred and no/100 Dollars (\$ 500.00)

In Payment of Ralph Eugene Smith's Interment

Lot 211 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 2-7860

BALANCE DUE 1087.25

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

0161

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	100	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	60033	
Sales Tax	6022	
TOTAL PAID	80101	
	78390	
		<u>500 00</u>

99.00 396.00
 CITY AUDITOR
 JAN 23 1989

081869 03/22/89 029606

E-7860

67007	BRENDA G. SMITH
100	072
100	072
100	072
100	072
60101	

77184

77181	000072	03/31/89 CK	106
77182	000072		
77183	000072		
77185	000072		
78390			

60.00

1,087.25
315.00
175.00
415.00
170.00
12.25

1,087.25

PAID IN FULL 0.00

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego ✓

Date 1-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Francisca T. Emnaae

in a Double Crypt Vault/Urner Funeral, date, time Wed-2PM-11AS

Church, Chapel, Graveside Shanewise Claremont 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 1384 Grave Row Section Division/Block 10

Grave space & Care Fund Double Crypt - on Bottom 595⁰⁰

Additional spaces and care fund Top of Crypt

Opening/Closing & Setup x 30⁰⁰

Burial Container Double Crypt 330⁰⁰

Handling Fees Labor 320⁰⁰

Flower vases Market setting fee

Recording and filing fee x 35⁰⁰

Sales taxes JAN. 23. 1988 23¹⁰

Total Due 1623¹⁰

Paid receipt number 37248 1623¹⁰

Balance due 0

PAID
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Mary E. Duarte
Signature
P.O. Box 17674
Address
CALIFORNIA 92117
State Zip Code
270 0345
Telephone

Signature of recorded holder of deed _____

Work Order # E 7861

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7861

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) FRANCISCA	1B. MIDDLE TORRES	1C. LAST (FAMILY) EMACE	2. DATE OF BIRTH (MONTH, DAY, YEAR) 12-12-02	3. DATE OF DEATH (MONTH, DAY, YEAR) 1-20-89	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT MARY DURATE DAUGHTER 4451 ONORGA AVE SAN DIEGO, CA 92117	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAYBANK MORTUARY, 4266 MT ABERNATHY AVE SAN DIEGO, CA			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F-1126		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Leri Furness</i>		8B. DATE SIGNED 1-24-89	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 4.00		9B. DATE PERMIT ISSUED JAN 24 1989	
9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH PO BOX 85222, SAN DIEGO, CA			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT					

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 1384-10 MT HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA	11B. DATE INTERRED 1-25-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Leguizeta</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>Cloth Covered Wooden State Bottom Double Crypt</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 37248



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

Date: Jan 23, 19 89

From: Mrs E. Dearte Address: P.O. Box 17674 - S.D. 92117

In Sixteen hundred twenty three & 10/100 Dollars (\$ 1623¹⁰/₁₀₀)

Payment of Final Payment of and for Francisca T. Emman - Dec
and Double Crypt - only one crypt fee pd.

Lot 1384 Grave 2 Row 2 Section 2 Division 10
 Block

Invoice No. _____
 Acct. No. _____
 W.O. E-7861
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

[Signature]

ISSUED BY _____

CREDIT	67007	119	00
20% Sales Tax	77104		
80% Sales of Lots	77104	476	00
Opening/Closing	100	320	00
Burial Containers	77183	330	00
Handling Fee	77185	320	00
Recording & Misc. Fees	77183	35	00
Pre-Need Trust	83033		
Sales Tax	80101	23	10
	78390		
TOTAL PAID		\$	1623 10

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 37479

Date: 3-8, 1989

From: Mr. Lenchay Address: _____

thirty-one 90/100 Dollars (\$ 31.90)

In _____ Payment of Flower Cups for Francis Annice

Lot 1384 Grave _____ Row _____ Section _____ Division Block CITY 10

Invoice No. _____

Acct. No. _____

W.O. 8-7861

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	10 00
	77182	
	100	21 20
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	70
	78390	
TOTAL PAID	\$	31 90

MAR 16 1989

AUDITOR

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lawrence Webster
in a T.S. Vault Funeral date, time Thurs 1/26 1:00

Church, Chapel, Graveside Chapel of Home Care - Robert Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veteran yes

Lot 127 Grave 4 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 475.00

Additional spaces and care fund

Opening/Closing & Setup steatashit 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 12.25

Total Due 1207.25

Paid receipt number 37250 1507.25

Balance due 6

I hereby certify I am the Brother of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and interment.

I hereby authorize the interment in lot I
hold under deed.

Signature of recorded holder of deed _____

Signature F. Webster
Address 919 W. Huntington Dr
City San Marcos Calif 91066
State _____ Zip Code _____
Telephone 818 303 8811

Work Order # E 7862
FY-593 (REV. 8-88)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7862

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) LAURENCE	1B. MIDDLE ALLEN	1C. LAST (FAMILY) WEBSTER	2. DATE OF BIRTH (MONTH, DAY, YEAR) Feb. 4, 1937	3. DATE OF DEATH (MONTH, DAY, YEAR) Jan. 19, 89	4. SEX Male
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mrs. Elsie H. Patterson -Sister 1811 North Crest Spce #3 Grossmont City, CA 95531	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE-ROBERTS MORTUARY National City, CA 607 National City Blvd.			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F-284		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Ernest Z. Miller</i>		8B. DATE SIGNED Jan. 25, 89

* PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 25 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH San Diego Co. Health Dept. 5222 P.O. BOX 85222 San Diego, CA 92138-	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 127-4-1-11 3751 Market St., San Diego, CA	11B. DATE INTERRED 1-26/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	12A. NAME AND ADDRESS OF CREMATORY <i>Steelton Scales - C. Vault</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 37803

From: J.E. Webster Address: 919 W. Huntington Dr, Meridian
one marked with fine red Dollars (\$ 135.00)
 In Payment of Marker installation for
Lawrence Webster
 Lot 1217 Grave 4 Row _____ Section 1 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. B-7862
 BALANCE DUE 135.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

743

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	57007
20% Sales Tax	77184
50% Sales of Lots	100
Opening/Closing	77181
Burial Containers	100
Handling Fee	77185
Recording & Misc. Fees	100
Pre-Need Trust	50033
Sales Tax	50022
	50101
	78390
TOTAL PAID	\$ <u>135.00</u>

CITY AUDITOR

34 7 2 1989
 135.00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 37250

Date: 1-23, 1989

From: J.E. Webster Address: 919 W. Huntington, Marina

Two hundred seven 25/100 Dollars (\$ 1207.25)

In: Payment of Lawrence Webster's Interment

Lot 27 Grave 4 Row _____ Section 1 Division-Block 1

Invoice No. _____
 Acct. No. _____
 W.O. 8-7862
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

656

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Indea Ored

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>376.00</u>
Opening/Closing	77181	<u>250.00</u>
Burial Containers	100	<u>175.00</u>
Handling Fee	77185	<u>170.00</u>
Recording & Misc. Fees	100	<u>35.00</u>
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>12.25</u>
	78390	
TOTAL PAID	\$	<u>1207.25</u>

CITY AUDITOR

99 JAN 29 1989

Patthi

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date Jan 23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret J. Kenner in a Double Crypt Vault/Urner Funeral, date, time Jan - 11 Am 1-2^{PM} Church, Chapel, Graveside Graveside Mortuary. Bearsley-Mitchell 223-7781
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

✓ Lot 45 1/4 Grave Bottom Row _____ Section MAS- Division/Block A

Grave space & Care Fund	<u>For Double Crypt - flat Marker</u>	<u>595.⁰⁰</u>
Additional spaces and care fund	<u>Top of Double Crypt open</u>	
Opening/Closing & Setup		<u>320.⁰⁰</u>
Burial Container		<u>330.⁰⁰</u>
Handling Fees	<u>labor</u>	<u>325.⁰⁰</u>
Flower vases - Marker setting fee		<u>—</u>
Recording and filing fee		<u>35.⁰⁰</u>
Sales taxes		<u>23.10</u>
Total Due		<u>1628.10</u>
Paid receipt number	<u>37264</u>	<u>1628-10</u>
Balance due		<u>—</u>

Will Be in before with ch-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed _____

Signature _____
Address _____
State _____ Zip Code _____
Telephone _____

Work Order # E 7863
PY-883 (REV. 9-88)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7863

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) MARGARET	1B. MIDDLE JUSTICE	1C. LAST (FAMILY) KEMNER	2. DATE OF BIRTH (MONTH, DAY, YEAR) APR 25, 1912	3. DATE OF DEATH (MONTH, DAY, YEAR) JAN 21, 1989	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT PATRICIA L. RANK, NIECE 1805 CAPISTRANO STREET SAN DIEGO, CA 92106	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH DEANSLY-RITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD, SAN DIEGO, CA 92107			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F-816		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Ed Leach</i>		8B. DATE SIGNED JAN 24, 1989	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 24 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ransom, M.D. SR</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. BOX 06222, SAN DIEGO, CA 92138-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CEMETERY HT HOPE CEMETERY, 3761 MARKET STREET, SAN DIEGO, CA <i>4514-1B-NMS-A</i>	11B. DATE INTERRED 1-27-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Robert Stettin</i>	
	12A. NAME AND ADDRESS OF CREMATORY <i>Metal Sealers Cashier</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <i>Bottom Double Crypt</i>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37264

Date: 1-27, 1989

From: Deak Valkswan Address: 1869 Cople Street, SD

sixteen hundred twenty-eight and 10/100 Dollars (\$ 1628.10)

In Payment of Margaret Kerns' Interment

Lot 4574 Grave 1 Row _____ Section MAS Division Block A

Invoice No. _____
 Acct. No. _____
 W.O. E-7863
 BALANCE DUE 6

Pre-Need Lot At Need On Acct.
 Pre-need Trust Cash Check

AG-212 (Rev. 10-87)

730

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 06 1989

ISSUED BY Indira J. W...

CREDIT	67007	119.00
20% Sales Care	77184	
80% Sales of Lots	100	476.00
Opening/Closing	100	320.00
Burial Containers	77181	
	100	330.00
Handling Fee	77182	
Recording & Misc. Fees	100	320.00
Pre-Need Trust	77183	
Sales Tax	63033	35.00
	9022	
	60101	23.10
	78390	
TOTAL PAID	\$	1628.10

See

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-23-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Novella Meyer 11:30

in a Bell Service Funeral, date, time Wed 1/25 2:00

Church, Chapel, Graveside Tranesele; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 49 Grave 7 Row _____ Section 16 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____

Total Due _____ 35.00

Paid receipt number 37257 35.00

Balance due 0

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Waverly

Address 1255 Wren St

State SD 92114 Zip Code

Telephone 2626624

Work Order # E 7864

Invoice # _____

Acct. # _____

PT-583 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7864

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) NOVELLA	1B. MIDDLE NOVELLA	1C. LAST (FAMILY) MEYER	2. DATE OF BIRTH (MONTH, DAY, YEAR) Feb. 13, 1898	3. DATE OF DEATH (MONTH, DAY, YEAR) Jan. 22, 1989	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Warren C. Meyer (Son) 1255 Wren Street San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary—855 Broadway Chula Vista, CA			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE P-964		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge on applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Judith E. King</i>	8B. DATE SIGNED 1-24-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 24 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Rames, M.D. Co</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH Vital Records P.O. Box 85222 San Diego, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
---	--

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 49/7/16/17	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Fleckboard Sunset Wood	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Bellhimer	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 37257



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-25, 1989

From: Warren Hayes Address: 1255 Wren Street, SD

thirty-four Dollars (\$ 35.00)

In see Payment of Warren Hayes's Member

Lot 49 Grave 7 Row _____ Section 16 Division 7
Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7664

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 376

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

CITY AUDITOR
FEB 06 1989

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>35.00</u>
	77183	
Pre-Need Trust	63033	
	8022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>35.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-26-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edith Wahlstrom (X) in a Cash Vault Vault/Liner Funeral, date, time THU AYD 1127 Church, Chapel, Graveside Deliver Only Pathingall 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 20 Grave 18 Row _____ Section 2 Division/Block 11

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____ 105.00

Burial Container P.I.P. - Vault _____ 40.00

Handling Fees _____ 60.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 35.00

Sales taxes _____ 2.80

Total Due _____ 242.80

Paid receipt number 37259 242.80

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7865

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7865

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) EDITH	1B. MIDDLE LENNIA	1C. LAST (FAMILY) WAHLSTROM	2. DATE OF BIRTH (MONTH, DAY, YEAR) 4/1/1902	3. DATE OF DEATH (MONTH, DAY, YEAR) 1/15/1989	4. SEX F
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Robert Wahlstrom, son 7467 Mission Gorge Rd. #201 Santee, CA	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd. San Diego, Ca.			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 1083		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 1-17-89	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OF FEE PAID \$4.00	8B. DATE PERMIT ISSUED JAN 17 1989	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P. O. Box 85222, San Diego CA 92138-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input checked="" type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, Ca.	11B. DATE INTERRED 1-27-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY Lanada, Inc. 14065 Olds Highway 80 El Cajon, Ca.	12B. DATE CREMATED 1/16/89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a <i>Cardboard box - buried in plankhult</i>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-26-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mexie Alwynne Levey

in a T.S. Vault Vault/Line Funeral, date, time Fri 1/27 11:00

Church, Chapel, Graveside no service; Sunday 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 543 Grave _____ Row _____ Section 10 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 125.00

Handling Fees 170.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 12.25

Total Due 712.25

Paid receipt number 39264 712.25

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. Mrs Nelson

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State CA Telephone 691-4910 Zip Code _____

Telephone AM 422-6347

Invoice # _____

Acct. # _____

Work Order # **E 7866**
FY-882 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7866

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) MIRNIE	1B. MIDDLE KLATYNE	1C. LAST (FAMILY) LEEVEY	2. DATE OF BIRTH (MONTH, DAY, YEAR) May 24, 1904	3. DATE OF DEATH (MONTH, DAY, YEAR) Jan. 26, 1989	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Jean T. Nelson (Niece) 1257 Garrett Street Chula Vista, CA 92011	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Rumphrey Chula Vista Mortuary—Chula Vista, CA 855 Broadway			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 7-964		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 1-26-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 26 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Cannon, M.D.</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH Vital Records P.O. Box 85222 San Diego, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
---	--

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 1-27-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY Portezal Boged Flat China N/A Concrete Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E7868

1257 Sunset Ave.
Chula Vista Cal
92011

Sandy:
This is for the burial fee
for Marie E. Sleep.
Cashied to the club for
\$712.25 as reported.
Eulogy is to have Sat
543 Sun. 10 Nov. 7. furnished
by Eugene Bacco in 1959.

Thank you
Jean Nelson

Eulogy Social Security # 355-10-2106 D

OFFICIAL RECEIPT

No 37269



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

From: Jan Nelson Address: 1257 Garrett Ave, Chula Vista
Seven hundred twelve 25710 Dollars (\$ 712.25)
In _____ Payment of Minnie Lee's Interment

Date: 1-20, 1989

Lot 543 Grave _____ Row _____ Section 10 Division 7 Block 7

Invoice No. _____

Acct. No. _____

W.O. E-7866

BALANCE DUE ✓

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

1921

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CITY AUDITOR
FEB 06 1989

ISSUED BY Anna Wald

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	322 00
Closing	77181	
Burial	100	175 00
Containers	77182	
	100	170 00
Handling Fee	77185	
Recording &	100	35 00
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	12 25
	78390	
TOTAL PAID	\$	712 25

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

Jan 26, 1989

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Arthur William Brewer

in a Bell Vault/Liner Funeral date, time 1:30 - Mon - 1:00

Church, Chapel, Graveside Chapel of the Cross 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 Erig Galt

Lot 2082 Grave — Row — Section — Division/Block 10

Grave space & Care Fund Pre-paid - D-1920 —

Additional spaces and care fund none

Opening/Closing & Setup Pre-paid - D-1920

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes

Total Due 35.00

Paid receipt number

Balance due

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Invoice #

Acct. #

Work Order #

E 7867

PR-593 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7867

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ARTHUR	1B. MIDDLE WILLIAM	1C. LAST (FAMILY) BREWER	2. DATE OF BIRTH (MONTH, DAY, YEAR) 11-27-1900	3. DATE OF DEATH (MONTH, DAY, YEAR) 1-26-1989	4. SEX M
---	------------------------------	------------------------------------	---	--	--------------------

5A. CITY OF DEATH Garden Grove	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Orange	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Pre-need
--	--	--

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Conrad Lemon Grove Mortuary 7347 Broadway - Lemon Grove, CA 92045	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE F941
---	---

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such 	8B. DATE SIGNED 1-27-1989
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED JAN 27 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH Orange Co. Dept. of Health Services Birth and Death Registration P.O. Box 355/Santa Ana, CA 92702	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT San Diego Co. Dept. of Health Services/Vital Records/P.O. Box 85222/San Diego, CA 92138-5222
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102	2082-10	11B. DATE INTERRED 1-30-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A	<i>Steel Scaled in Lines</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 37306



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Date: 2-6, 19 89

From: Conrad Mortuary Address: 7387 Brookway, San Diego

Thirty - Five Dollars (\$ 35.00)

In Payment of Recording Fees for Letters Patented

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7867

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

6894

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
FEB 10 1989

ISSUED BY: Jordan Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	35 00
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78990	
TOTAL PAID	\$	35 00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Justin Ray Willingham

in a Vault/Urner Funeral, date, time Nov 1-30-11:30

Church, Chapel, Graveside Graveside; Sanic Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran

Lot 3148 Grave Row Section 1 Division/~~Block~~ 9

Grave space & Care Fund	<u>100.00</u>
Additional spaces and care fund	<u>none</u>
Opening/Closing & Setup	<u>104.00</u>
Burial Container	<u> </u>
Handling Fees	<u> </u>
Flower vases - Marker setting fee	<u>none</u>
Recording and filing fee	<u>35.00</u>
Sales taxes	<u> </u>

Total Due 199.00

Paid receipt number 37265 49.00

Balance due 150.00
37299 150

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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

Justin R. Willingham
37265 "C" ST. APT. 101 SAN DIEGO

Address

CA 92102

State

231-9075 Zip Code

Telephone

Work Order # E 7868
FY-883 (REV. 8-88)

Invoice #
Acct. #

W.O. # E E 7868

NOTE

\$ 150⁰⁰ 2 San Diego, California

January 27 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of One Hundred fifty and 00/100 DOLLARS with interest from Feb 28, 1989 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME _____ SIGNATURE x Angela J. Day

ADDRESS _____

CALIF. DRIVERS LIC. # IV. 02708640

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7868

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JUSTIN	1B. MIDDLE RAY	1C. LAST (FAMILY) WILLINGHAM	2. DATE OF BIRTH (MONTH, DAY, YEAR) 01-26-89	3. DATE OF DEATH (MONTH, DAY, YEAR) 01-26-89	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Walter R. Willingham - Father 3265 C Street #101 San Diego, CA 92102	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lewis Colonial/Banbough San Diego, CA 92104			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 8-460		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 1-27-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 27 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
---	---	---	--	---

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH Vital Records..P.O. Box 85222 SAN DIEGO, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
--	--	--

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 348-L9 3751 Market St. Mount Hope Cemetery - San Diego, CA	11B. DATE INTERRED 1-30-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Woodrow-Flat Top 2-0 - not sure	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 37259



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Date: 1-26, 1989

From: Leatherhill Address: 6322 El Cajon Blvd, SD

Two hundred forty-two 80/100 - Dollars (\$ 242.80)

In Payment of Robert Walchstrom's burial

Lot 70 Grave 18 Row _____ Section 2 Division Block 11

Invoice No. _____
 Acct. No. _____
 W.O. 21-786
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AG-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
 CITY AUDITOR
 FEB 06 1989
 ISSUED BY Andreas V. [Signature]

CREDIT	62007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	<u>105.00</u>
Burial Containers	100	<u>240.00</u>
Handling Fee	77182	<u>100.00</u>
Recording A	100	<u>35.00</u>
Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	<u>2.80</u>
	60101	
	78390	
TOTAL PAID	\$	<u>242.80</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37299

Date: 2-2, 1989
 From: Walter Billingham Address: 3265 C St, #101, SA
one hundred fifty two/100 Dollars (\$ 150.00)
 In _____ Payment of Justin Billingham - Interest

Lot 3148 Grave _____ Row _____ Section 1 Division Block 9

Invoice No _____
 Acct. No _____
 W.O. 2-7868
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

030176

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 10 1989

ISSUED BY Andre Reid

CREDIT	67007	
20% Sales Care	77184	<u>20 00</u>
80% Sales of Lots	100	<u>31 00</u>
	77184	<u>69 00</u>
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fee	100	<u>35 00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>150 00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 37265

Date: Jan 27, 1989

From: Angela S. Day Address: 3265 - "C" St apt 101 - SD, CA 92102

In Part Payment of Interment of Infant Justin W. Wellingham
 Dollars (\$ 49.00)

Lot 3148 Grave --- Row --- Section 7- Division 9
 Block ---

Invoice No. ---
 Acct. No. ---
 W.O. E-7868.00
 BALANCE DUE 150.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 163

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 FEB 06 1989

ISSUED BY: Raymond [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>49.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>49.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego ✓

Date 1-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mamie B Smith

in a Double Crypt Funeral, date, time Wed - 2/1 - 2 P.M.

Church, Chapel, Graveside Church of S. Ragsdale; Mortuary.

All funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran

✓ Lot 3858 Grave ON Bottom Row Section Division/Block 10

✓ Grave space & Care Fund E-4496

Additional spaces and care fund NONE

Opening/Closing & Setup 320.00

Burial Container 330.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 23.10

Total Due 1028.10

Paid receipt number 37271 1028.10

Balance due

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order #

E 7869

PY-583 (REV. 8-85)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT

No 37271



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

Date: 1-31, 1989

From: Under Passdale Address: 5050 Federal Blvd. SD 92102

One Thousand twenty-eight and 10/100 Dollars (\$ 1028.10)

In Payment of Maria Smith's Interment

Lot 3756 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. 8-7869

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

3331

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
 FEB 06 1989

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>320.00</u>
Burial Containers	77182	<u>330.00</u>
Handling Fee	100	<u>320.00</u>
Recording & Misc. Fees	77183	<u>35.00</u>
Pre-Need Trust	83033	
	8022	
Sales Tax	80101	<u>23.10</u>
	78390	
TOTAL PAID	\$	<u>1028.10</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 7869

1A. NAME OF DECEDENT—FIRST (GIVEN) MAHIE	1B. MIDDLE BOBBIE LEE	1C. LAST (FAMILY) SMITH	2. DATE OF BIRTH (MONTH, DAY, YEAR) 09/15/01	3. DATE OF DEATH (MONTH, DAY, YEAR) 01/27-89	4. SEX Female
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Floyd T. Smith - husband 7958 Draper St. San Diego, Ca. 92037	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Rogsdale Mortuary 5050 Federal Blvd			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F 1329		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 1/31/89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED FEB 1 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT P.O. Box 85222 San Diego, Ca.		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 38588-10 Mt. Hope Cemetery 3751 Market St. S. D.	11B. DATE INTERRED 2/1/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Bottom of Double Cuffet Metal Sealer - "Last Supper"	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Credit Set

Date 1-27-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lorese Dargon

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 3621 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 595.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 595.00

Paid receipt number 37268 25.00

Balance due 570.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Barbara Dargon
Signature
7248 Laddick Street
Address
San Diego, CA 92114
City State Zip Code
589-0790
Telephone

Work Order # E 7870

Invoice # _____

Acct. # _____

43575

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

Date: 4-9, 1993

From: Loree Dergan Address: 7248 Laddick St. 10

Twenty five Dollars (\$ 25.00)
In Pre-Need Pot Payment of

Lot 3621 Grave - Row - Section - Division 10

Invoice No. _____

Acct. No. _____

W.O. E-7870

BALANCE DUE \$140

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

9

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25 W</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	63033	
	9022	
	80101	
	78380	
	\$	<u>25 0</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 41728

Date: 1-7, 1992

From Lorene Norgan Address: 7248 Laddick St, 10 92114

Twenty-Five Dollars (\$ 25.00)

In Payment of Credit Lot

Lot 3621 Grave --- Row --- Section --- Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7870

BALANCE DUE 8470.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42609

From Laura Hanson Address: 248 Laddick St SD
Fifty Dollars (\$ 50)
 In Payment of Pre-Need Not

Date: 7-11, 1992

Lot 3621 Grave — Row — Section — Division Block 10

Invoice No. 1

Acct. No. —

W.O. E-7870

BALANCE DUE —

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Com	77184		
50% Sales of Lots	100	<u>50</u>	<u>W</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	53033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>50</u>	<u>W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 42027

From: Louise Dargan Address: 7248 Laddick St. SD Date: 3-17, 1992
Thirty Dollars (\$ 30.00)
 In _____ Payment of Pre-Need Lot

Lot 3621 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-7870

BALANCE DUE 3440.-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

7

ISSUED BY Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>30</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>30</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42322

Date: 6-5, 1992

From: Lorene Dargan Address: 7248 Laddick St., S.D. CA 92114

Twenty five and ^{xx}/₁₀₀ Dollars (\$ 25.00)

In part Payment of prepaid lot

Lot 3621 Grave — Row — Section — Division 10
 Block

Invoice No. _____

Acct. No. _____

W.O. E 7870

BALANCE DUE 390.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

W.J. League

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100	<u>25</u>	<u>-</u>
77184			
Opening/ Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>25</u>	<u>-</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42093

From Loree Dargan Address: 7248 Laddish St. SD 92114 Date: 4/7, 1992
Twenty-five Dollars (\$ 25.⁰⁰)
 In Payment of Pre-Need Lot

Lot 3621 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-7870
 BALANCE DUE \$415.⁰⁰

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>25</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

ISSUED BY J. Wait

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 43076

Date: 12-4- 1992

From: Lorene Dagan Address: 7248 Laddick H. S.D. CA 92114

Fifty and 00/100 Dollars (\$ 50.00)

In part Payment of Renewed lot

Lot 3621 Grave _____ Row _____ Section _____ Division 10
 Block

Invoice No. _____

Acct. No. _____

W.O. E 7870

BALANCE DUE 240.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE.

ISSUED BY W. J. Traylor

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>50</u>	<u>-</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	76390		
TOTAL PAID	\$	<u>50</u>	<u>-</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 43352

Date: 2-10, 1993

From: DARGAN, LORENE Address: 7248 LAODICK ST. S.D. CA 92114

FIFTY and 00/100 Dollars (\$ 50.00)

In PART Payment of PRE-NEED LOT

Lot 3621 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7870

BALANCE DUE \$ 190.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>KLW</u> 50.00 <u>50.00</u>
Opening/ Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>50.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43413

Date: 3-2, 1975

From: Loren Larson Address: 7245 Radcliff, LN

Musty Pine 710/w Dollars (\$ 25.⁰⁰)

In _____ Payment of Pre-Need Lot

Lot 3621 Grave 1 Row - Section - Division 10

Invoice No. _____

Acct. No. _____

W.O. E-7870

BALANCE DUE 8165.⁰⁰

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Walt

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100	<u>25.00</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

43623

Date: 4-26, 1993

From: Louise Dargan Address: 7248 Los Reyes

One hundred forty Dollars (\$ 140.00)

In full Payment of Pre Need Lot.

Lot 3621 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7870

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY M. Leguina

CREDIT	87007		
20% Sales Cars	77184		
80% Sales of Lots	100	<u>140</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>140</u>	<u>00</u>

OFFICIAL RECEIPT

No 37268



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-27 1989

From: Lorene Wilson Address: 324B Indiant Street, SD
Twenty-five no 100 Dollars (\$ 25.00)
In Payment of Credit Sat Sale

Lot 3621 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
Acct. No. _____
W.O. 8-7870
BALANCE DUE 570.00

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

5306

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

CITY AUDITOR
FEB 06 1989

ISSUED BY Andrea Wood

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 41321

Date: 10-2, 1991

From: Dargan Lorene Address: 7248 Loddick St S.D. 92114

Twenty five ^{no} Dollars (\$ 25.00)

In _____ Payment of Credit Lot

Lot 3621 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-7870

BALANCE DUE 545.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY P. Carter

CREDIT	87007		
20% Sales Cart	77184		
80% Sales of Lots	100	<u>25</u>	<u>00</u>
Opening/Closing	77184		
Burial Containers	100		
	77181		
Handling Fee	100		
	77182		
Recording & Misc. Fees	100		
	77185		
Pre-Need Trust	100		
	77183		
Sales Tax	63033		
	9022		
TOTAL PAID	80101	\$	<u>25 00</u>
	78390		

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 41571

From Loren Nargan Address: 7549 Laddick St. SD 92114 Date: 12-2, 1991
Fifty Dollars 700/w Dollars (\$ 50⁰⁰)
 In Payment of Credit + Lot

Lot 3621 Grave 1 Row - Section - Division 10
 Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7870

BALANCE DUE \$475⁰⁰

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY J. White

CREDIT	67007		
20% Sales Com	77184		
80% Sales	100	<u>50</u>	<u>W</u>
of Lots	77184		
Opening/ Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>W</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 527-3400

No 42802

From: Laura Dargan Address: 4248 Laddick St, SD Date: 10-6, 1992
Fifty Dollars (\$ 50.-)
 in Payment of Pre-Need Lot

Lot 3621 Grave Row Section Division 10

Invoice No.

Acct. No.

W.O. E-7870

BALANCE DUE \$290.-

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY Walt

CREDIT	67007		
20% Sales Cars	77154		
80% Sales of Lots	100	<u>50</u>	<u>W</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>W</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego ✓

Date 1-28-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John W. Morgan

in a Vault Funeral, date, time Tues-1/31-10:30A

Church, Chapel, Graveside Graveside; Featherhill 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 DIP-Top

Lot 271 Grave 1 Row — Section 2 Division/Block 12

Grave space & Care Fund Per need - E-4551-

Additional spaces and care fund none

Opening/Closing & Setup 320⁰⁰

Burial Container T.S. Vault 175⁰⁰

Handling Fees Labor 170⁰⁰

Flower vases - Marker setting fee —

Recording and filing fee 35⁰⁰

Sales taxes 12²⁵

Total Due 712.25

Paid receipt number 37273 712.25

Balance due 0

I hereby certify I am the Son-in-Law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Via Phone -

I hereby authorize the interment in lot I hold under deed.

[Signature]
 Signature _____

Signature of recorded holder of deed _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7871

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7871

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN	1B. MIDDLE W.	1C. LAST (FAMILY) MORGAN	2. DATE OF BIRTH (MONTH DAY YEAR) 12/22/1911	3. DATE OF DEATH (MONTH DAY YEAR) 1/27/1989	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Jim Shalsonburg, son-in-law 7651 Macaw Lane San Diego, Ca. 92123	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, Ca.			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 1082		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 1-30-89	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$4.00		9B. DATE PERMIT ISSUED JAN 30 1989	
9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> mm		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P. O. Box 85222, San Diego Ca. 92138-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT					
10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE					
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)	
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)	
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY		<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY	
<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY				☐ K. DISPOSITION PENDING
COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, Ca.		11B. DATE INTERRED 1-31-89		11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	12A. NAME AND ADDRESS OF CREMATORY n/a Funerary Pleghed Pine Soft Wood in Vault		12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a Shalsonburg Father in law		13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a		14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a		15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

№ 37273

Date: 1-31, 1989

From: Jim Stambor Address: 7651 Madras Ave, SD

Donor received twelve 25/100 Dollars (\$ 712.25)

In Payment of John Marger's Interment

Lot 271 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 8-7871

BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

783

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 06 1989

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Com	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	<u>320 00</u>
77181		
Burial Containers	100	<u>175 00</u>
77182		
Handling Fee	100	<u>170 00</u>
77185		
Recording & Misc. Fees	100	<u>35 00</u>
77183		
Pre-Need Trust	63033	
8022		
Sales Tax	60101	<u>12 25</u>
78390		
TOTAL PAID	\$	<u>712 25</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-30-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Peter T Brass in a T-S Vault Funeral, date, time Wed 2/1 1:00 Church, Chapel, Graveside Mount Bonnal; Humphrey Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 48 Grave 5 Row _____ Section 16 Division/Block 7

Grave space & Care Fund
Additional spaces and care fund Gravel
Opening/Closing & Setup D-4498
Burial Container D-8673
Handling Fees D-86
Flower vases - Marker setting fee
Recording and filing fee 35.00
Sales taxes
Total Due 35.00
Paid receipt number 37286 35.00
Balance due 0

Family will check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____
Address _____
State _____ Zip Code _____
Telephone _____

Work Order # E 7872
PY-593 (REV. 8-86)

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7872

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) PETER	1B. MIDDLE THEODORE	1C. LAST (FAMILY) BRASS	2. DATE OF BIRTH (MONTH, DAY, YEAR) Jun 28, 1905	3. DATE OF DEATH (MONTH, DAY, YEAR) Jan. 30, 1989	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Verna W. Brass (Wife)	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Emphrey Chula Vista Mortuary—Chula Vista, CA 855 Broadway			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F-964		1399 Ninth Avenue, Apt. #511 San Diego, CA 92101

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Judith E King</i>	8B. DATE SIGNED 1-31-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 31 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D.</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH Vital Records P.O. Box 85222 San Diego, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
---	--

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 48-5-16-7 2/1/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Joseph Stalter</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY W/A <i>Sgt. Bartlett Board</i> <i>Flat Top - Vault</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS W/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 W/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION W/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.

ET872 No 37286

24 89
 855 Broadway
 Hampton - June 1989 -
 City Peter Gross' recording fee 35.00
 48 5 16 - 7

2-7872

CITY AUDITOR

FEB 06 1989

100/7783 35.00

x
4104 x

Sandra Ward

35.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-30-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Hermilo De Jesus Martinez

in a _____ Vault/Liner _____ Funeral, date, time Wed 2/0 10:00

Church, Chapel, Graveside Delaney : Mary 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 Top of Double

✓ Lot 114 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 55.00

Additional spaces and care fund _____

Opening/Closing & Setup 90.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 145.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # 01940

Acct. # _____

Work Order # E 7873

PY-503 (REV. 8-86)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7873

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Hernilo	1B. MIDDLE De Jesus	1C. LAST (FAMILY) Martinez	2. DATE OF BIRTH (MONTH, DAY, YEAR) Jan. 13, 1956	3. DATE OF DEATH (MONTH, DAY, YEAR) Dec. 17, 1988	4. SEX Male
5A. CITY OF DEATH Oceanside		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT San Diego County Coroner 5555 Oakland Avenue San Diego, CA. 92123	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer, Mortuary 2859 Adams St. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 1424		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>John Mayer</i>	8B. DATE SIGNED 1-31-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 4.000	9B. DATE PERMIT ISSUED JAN 31 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rannal, M.D.</i>
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ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH 3851 Rosecrans San Diego, CA 92101	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

Top Burial

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input checked="" type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA.	11B. DATE INTERRED 2/12 2/1/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>George W. Steltzer</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Flat China no liner <i>Portugal Berra</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-30-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Lewis Romero

in a Funeral date, time Tues 1/31 10:00
Church, Chapel, Graveside Shrine Hall; Lewis Cultural 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

✓ Loc 3776 Grave Row Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund

Opening/Closing & Setup 64.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 199.00

Total Due

Paid receipt number

Balance due

30 days note
I hereby certify I am the Carman Romero of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Carman Romero
Signature
887 Ransom St
Address
San Diego Cal. 92101
State Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 7874
PY-593 (REV. 8-88)

W.O. # 2-7874

NOTE

\$ 199.00 San Diego, California

1-30 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of one hundred nine DOLLARS with interest from 3/31/89 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME CARMEN ROMERO SIGNATURE Carmen Romero

ADDRESS 897 LAVER ST SANDIEGO CAL. 92101

SSN
CALIF. DRIVERS LIC. # 527-85-9096

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ET874

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ROBERT	1B. MIDDLE LEWIS	1C. LAST (FAMILY) ROMERO	2. DATE OF BIRTH (MONTH, DAY, YEAR) 01-26-1969	3. DATE OF DEATH (MONTH, DAY, YEAR) 01-26-1989	4. SEX M
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Carmen Romero-Mother 887 Raven Street San Diego, CA 92102	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lewis Colonial/Bonbough 3051 El Cajon Blvd. San Diego, CA 92104			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F-480		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such 		8B. DATE SIGNED 1-30-89		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 30 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA. 92138-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		
10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE					
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT) <input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) <input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY <input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) <input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA) <input type="checkbox"/> K. DISPOSITION PENDING	
FOR CORONER'S USE ONLY					
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 3776-1-9 3751 Market St. Mount Hope Cemetery - San Diego, CA		11B. DATE INTERRED 1-31-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A 2-0 Flat top no liner		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

112 38333
E 7974

Date: July 31, 1989

From: Delores Morge Address: 8451 Montrose #D

In part Payment of Burial for Robert K. Korman Dollars (\$ 10.00)

Lot 3776 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____
Acct. No. _____
W.O. 07874
BALANCE DUE \$144 -

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.
531 MONTROSE #D
95102
CITY AUDITOR
AUG 02 1989
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10 -</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>10 -</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

4/2 NO 37878
E7874

Date: 6-1, 1989

From: Garnon Romero Address: 287 Linden Street

In thirty dollars Dollars (\$ 30.00)
Payment of Mount Hope Cemetery

Lot 3776 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. 074407

Acct. No. 029041

W.O. 2-7674

BALANCE DUE 159.00

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>30.00</u>

CITY AUDITOR
JUN 06 1989

OFFICIAL RECEIPT

5/8

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37722



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 5-1, 1989

From: Carmen Romero Address: 887 Power Street, SD

Twenty-five and 10/100 Dollars (\$ 25.00)
In Payment of Robert L. Romero's Interment

Lot 3776 Grave _____ Row _____ Section 1 Division 9 Block 9

Invoice No. 079407
Acct. No. 029041
W.O. 2-7874
BALANCE DUE 179.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 254

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date Jan 30, 89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Bettye L. Donaldson

in a Vault Funeral date, time Feb 2, 1989 - 1 P.M. - Thur

Church, Chapel, Graveside Church St. Ragsdale Mortuary.

All funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

Lot 161 Grave 2 Row - Section 2 Division/Block 12

Grave space & Care Fund single 495⁰⁰/₂

Additional spaces and care fund none

Opening/Closing & Setup 320⁰⁰/₂

Burial Container Cornub Vault 175⁰⁰

Handling Fees labor 170⁰⁰

Flower vases - Marker setting fee

Recording and filing fee 35⁰⁰

Sales taxes 12.25

*Bill to Ragsdale
One Hr. Late
Jan 30 89*

Total Due 1207.25

Paid receipt number 37300 1207.25

Balance due 0

I hereby certify I am the HUSBAND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed

X Stephen P. Donaldson
Signature
X 1627 J Ave. #3
Address
X CA
State
477-7270
Telephone
92050
Zip Code

Work Order # **E 7875**

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7875

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) BETTYE	1B. MIDDLE LAVERN	1C. LAST (FAMILY) DONALDSON	2. DATE OF BIRTH (MONTH, DAY, YEAR) 8-30-46	3. DATE OF DEATH (MONTH, DAY, YEAR) 01-27-89	4. SEX Female
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Stephen P. Donaldson - husband 1627 "1" Ave. Apt. 3 National City, CA 92050	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Alderson-Ragsdale 5050 Federal Blvd Ca.			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE F 1329		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition of the remains is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 2/2/89
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED FEB 02 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> D.B.
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. Box 85222 San Diego, Ca. 92138		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

- | | | |
|--|---|---|
| <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT) | <input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT) |
| <input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA) |
| <input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | FOR CORONER'S USE ONLY |
| <input type="checkbox"/> D. SCIENTIFIC USE | <input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |  | ☐ K. DISPOSITION PENDING |

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, Ca.	11B. DATE INTERRED 2/2/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Dead-Steel non Sealer Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37814
 E7875

Date: 5-12 1989

From: Ernest S. Cozart Address: 21 4th Ave, #K, Chula Vista

one hundred 10/100 Dollars (\$ 100.00)

In Payment of Funeral Exp or Burial Expenses
Service

Lot 161 Grave 2 Row _____ Section 2 Division 12
 Block PROPERTY AUDITOR

Invoice No. _____

Acct. No. _____

W.O. E-11875

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007
20% Sales Care	77184
80% Sales of Lots	100
Opening/Closing	77184
Burial Containers	100
Handling Fee	77181
Recording & Misc. Fees	100
Pre-Need Trust	77182
Sales Tax	100
TOTAL PAID	77185
	100
	00
	65033
	9022
	60101
	78300
	100
	00

ISSUED BY: [Signature]

MAY 19 1989
 PROPERTY AUDITOR

OFFICIAL RECEIPT

No 37300



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

Date: 2-2 19 89

From: Anderson-Ross Address: 5050 Federal Blvd, SF
Walter Richard Owen Dollars (\$) 1207.35
 In _____ Payment of Betty L. Donaldson's Interment

Lot 161 Grave 2 Row _____ Section 2 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. 21-7875
 BALANCE DUE 00.00
100 service fee
 Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
3348

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 10 1989

ISSUED BY [Signature]

CREDIT	67007	99.00
20% Sales Cont	77184	
30% Sales of Lots	100	395.00
Opening/Closing	77184	
Burial Containers	100	320.00
Handling Fee	77185	
Recording & Misc. Fee	100	175.00
Pre-Need Trust	9022	170.00
Sales Tax	80101	35.00
TOTAL PAID	78380	1207.35

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-30-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Allene B Jones

in a Burial Funeral date, time Fri 2/3 11:00

Church, Chapel, Graveside Chudie Home, Pasadena 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 172 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee Allene & Benjamin 250.00

Recording and filing fee 35.00

Sales taxes _____

Total Due 285.00

Paid receipt number 37572 285.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7876

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E7876

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ALLENE	1B. MIDDLE -	1C. LAST (FAMILY) FRANCIS	2. DATE OF BIRTH (MONTH, DAY, YEAR) 10-6-06	3. DATE OF DEATH (MONTH, DAY, YEAR) 1-29-89	4. SEX Female
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Carlos Davis - son 2662 Boston Ave. San Diego, Ca. 92113	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale 5050 Federal Blvd. San Diego			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F 1329		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the prepaid disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such: *Hartson Ragsdale*

8B. DATE SIGNED: **2/2/89**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED FEB 02 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Parnes, M.D.</i> D.B.
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. Box 85222 San Diego, Ca. 92122		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 72-10 Mt. Hope Cemetery 3751 Market St. San Diego Ca.	11B. DATE INTERRED 2/3/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Loyew Stettin</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Steel-NonSealer - BellHeimer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 37272



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

Date: 1-31, 1989

From: Walter Dore's Address: 2062 BOSTON Ave, SD 92113

two hundred eighty-five 1/10 Dollars (\$ 285.00)

In Payment of Marker Setting fee for Allene
and Benjamin Francis, Recording fee for Allene

Lot 72 Grave _____ Row _____ Section 5 Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-9876

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

10887 1090

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
 FEB 06 1989

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Miso. Fees	77180	
Pre-Need Trust	100	<u>285 00</u>
Sales Tax	63033	
	8022	
	60101	
	78390	
TOTAL PAID	\$	<u>285 00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-30-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jessie D. Matthews
in a T.S. Vault Vault/Liner Funeral, date, time Thurs 2/2 2:30
Church, Chapel, Graveside Home; Parish 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 8 Grave 8 Row _____ Section 3 Division/Block 3

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 300.00

Burial Container 175.00

Handling Fees 178.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 12.25

Total Due 712.25

Paid receipt number 37297 712.25

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7877

PR-593 (REV. 8-88)

E 7877

INTERMENT ORDER AND AUTHORIZATION

Contract No. _____ Interment No. _____ Date August 26, 1988

No interment shall take place until a written authority, signed by the proper relative or legal representative of the deceased has been given to the Cemetery performing the interment.

I, _____, undersigned hereby request and authorize:
Name of Cemetery Mount Hope Cemetery
in accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT Jessie Gillmore Mathews Age _____ Sex Female
in the following described interment space:

Grave 8 Lot 8 ~~XXXX~~ Sec. 3 ~~XXXX~~ Div. 3 Double Depth Yes No Section _____

Crypt _____ Tier _____ Corridor _____ Mausoleum _____

Niche No. _____ Columbarium _____ Mausoleum _____

The undersigned hereby certify that they are the legal custodian(s) of the herein named deceased, having the full legal authority to direct the interment, entombment or inurnment of the remains of the deceased, and hereby authorize the above named cemetery to make disposition of the remains of the deceased as indicated above. The undersigned hereby further certify and represent that they are the owner(s) or authorized representative(s) of the owner(s) of the above described Interment Rights and hereby authorize use of said Interment Rights of the interment, entombment or inurnment of the remains of the herein named deceased. Cemetery is hereby authorized to install any outer burial container purchased in connection with this interment in the Interment Right described herein.

I, _____, undersigned hereby agree to indemnify and hold harmless the cemetery, its agents and employees from any and all liability, including reasonable attorneys' fees, and against any loss it or any of them may sustain in connection with the interment, entombment or inurnment authorized hereunder.

Signature *George C. Hatch* / George C. Hatch / Nephew
(Authorized Representative) Print Name Relationship to Deceased

Address 3745 Trust Ln. San Diego, CA 92106 Tel. No. 222-0975
Street City State Zip

Signature _____ / _____ / _____
(Authorized Representative) Print Name Relationship to Deceased

Address _____ Street City State Zip Tel. No. _____

OFFICE USE ONLY

Funeral Director _____ Interment Fee \$ _____
Address _____ Tel. _____

Type of Service _____ Day _____ Date _____ Time of Service _____

Time of Outer Burial Container _____ Supplier _____

Dedication Service _____ Day _____ Date _____ Time of Service _____

Date of Birth _____ Place of Birth _____ No. of years in County _____

Date of Death _____ Place of Death _____ No. of years in State _____

REMARKS _____

OTHER NEAR RELATIVES OF DECEASED

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Order Taken By _____ Location Checked and Verified

OK'd By _____ Date _____

Index Card _____ Plat Book _____ Plat Card _____

Recorded By _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7877

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) JESSIE		1B. MIDDLE GILLMORE		1C. LAST (FAMILY) MATHENS		2. DATE OF BIRTH (MONTH, DAY, YEAR) DEC 19, 1962		3. DATE OF DEATH (MONTH, DAY, YEAR) JAN 27, 1989		4. SEX F		
5A. CITY OF DEATH SAN DIEGO				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT GEORGE HATCH, NEPHEW 3745 TRUDY LANE SAN DIEGO, CA 92106				
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107						7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F-816						
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Ed Leach</i>			8B. DATE SIGNED JAN 31, 1989			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$4.00		9B. DATE PERMIT ISSUED JAN 31 1989		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramirez, M.D.</i>				
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. BOX 85222, SAN DIEGO, CA 92138-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT						
10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE												
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)			<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)			<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)						
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)			<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)			<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)						
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY			<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY			FOR CORONER'S USE ONLY						
<input type="checkbox"/> D. SCIENTIFIC USE			<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY						<input type="checkbox"/> K. DISPOSITION PENDING			

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, 8-8-3-3 SAN DIEGO, CA (SAN DIEGO COUNTY)		11B. DATE INTERRED FEB 2, 1989		11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Raymond Smith</i>	
	12A. NAME AND ADDRESS OF CREMATORY <i>Pink aduylon - wooden in vault</i>		12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION		15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

008103 No 37297

Date: Feb 2, 1989

From: Beardsley Mitchell Address: 1818 Sunset Cliff Blvd S.D. 92107

Seven Hundred Twelve and 25/100 Dollars (\$ 712.25)

In full Payment of Interment of and for Jessie Willmore Mathews, Decedent
Open & CL - Vault - Plot fee - Labor - S.T.

Lot 8 Grave 8 Row _____ Section 3 Division Block 3

Invoice No. _____
 Acct. No. _____
 W.O. E-7877
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY OF SAN DIEGO
FEB 10 1989

ISSUED [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	320 00
Closing	77181	
Burial	100	175 00
Containers	77182	
	100	170 00
Handling Fee	77185	
Recording &	100	35 00
Misc. Fee	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	12 25
	78380	
TOTAL PAID	\$	712 25

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 1-31-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Beirdie Richards

in a T.S. Vault Funeral date, time Fri 2/3 2:00

Church, Chapel, Graveside Church of the Holy Spirit; Rosedale 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 52 Grave 4 Row Section 3 Division/Block 12

Grave space & Care Fund Single 495.00

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 12.25

Total Due 1207.25 ~~712.25~~

Paid receipt number 37276 1207.25

Balance due 0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature Oliver Jaquet
Address 7163 Webster Ave
San Diego Calif 92113
State CA Zip Code
232-1377
Telephone

Work Order # E 7878

Invoice # _____

Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7878

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Birdie	1B. MIDDLE Whittington Richardson	1C. LAST (FAMILY) Richards	2. DATE OF BIRTH (MONTH, DAY, YEAR) Dec. 13, 1886	3. DATE OF DEATH (MONTH, DAY, YEAR) Jan. 24, 1989	4. SEX Female
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Ollivan Jacquett - Daughter 3161 Webster Ave. San Diego, CA 92113	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.: San Diego, CA 3050 Federal Blvd.			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F 1329		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 1/30/89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED JAN 30 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P. O. Box 852221 San Diego, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St.: San Diego, CA 92102	11B. DATE INTERRED 2/3/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Vault - Casket Metal Non-seabr	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 38203
 E7878
 Date: 6-29, 1989

From: Eric R Pappas Address: _____

One hundred twenty-five 20/100 Dollars (\$ 125.00)

In _____ Payment of marker installation for you
Lucie Richards

Lot 52 Grave 4 Row _____ Section 3 Division Block AUDITOR

Invoice No. _____

Acct. No. _____

W.O. E-7878

BALANCE DUE 125.00

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125.00</u>

CITY AUDITOR
 JUN 30 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37276

Date: 1-31, 1989

From: Udon Jassant Address: 3163 Webster Ave, SD
twelve hundred seven 25/100 Dollars (\$ 1207.25)

In Payment of Burial Expenses

Lot 52 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-7878
 BALANCE DUE 5

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 FEB 06 1989

ISSUED BY [Signature]

CREDIT	67007	<u>99.00</u>
20% Sales Tax	77184	
80% Sales of Lots	100	<u>376.00</u>
Opening/Closing	77181	<u>320.00</u>
Burial Containers	100	<u>175.00</u>
Handling Fee	77185	<u>170.00</u>
Recording & Misc. Fees	77183	<u>35.00</u>
Pre-Need Trust	8022	
Sales Tax	80101	<u>12.25</u>
	78390	
TOTAL PAID		<u>1207.25</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-1-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Vincent Barksdale
in a Vault/Liner Funeral date, time Tues 2/7 10:00

Church, Chapel, Graveside Deliver Only: Pogsdale 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 114 Grave 2 Bottom Row Section 1 Division/Block 12

Grave space & Care Fund 55.00

Additional spaces and care fund

Opening/Closing & Setup 90.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145.00

Paid receipt number

Balance due

*P.A. - 1064991
See James*

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 7879

Invoice # 079409
Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7879

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) John	1B. MIDDLE Vincent	1C. LAST (FAMILY) Barksdale	2. DATE OF BIRTH (MONTH, DAY, YEAR) 9-25-62	3. DATE OF DEATH (MONTH, DAY, YEAR) 12-18-88	4. SEX Male
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT San Diego County Coroner 5555 Overland Ave. San Diego, Ca. 92123	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH —IF APPLICABLE Anderson-Bagsdale Mortuary San Diego, Ca. 92102			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F 1329		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such: *[Signature]*

8B. DATE SIGNED: **2/6/89**

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED FEB 07 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH: **92138-85222 P. O. Box 85222 San Diego, Ca.**

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT:

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 114-2B-1-12 Mt. Hope Cemetery 3751 Market Street San Diego, Ca. 92102	11B. DATE INTERRED 2/7/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>Cloth covered wooden - outer N/A no tissue - steel junction South side</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-1-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Doe 88-2204
in a _____ Funeral, date, time Thurs 2/2 11:00
Church, Chapel, Graveside Delway Berg-Roberts Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 149 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 55.00

Additional spaces and care fund _____

Opening/Closing & Setup 90.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 145.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # 57944

Acct # 00052

Work Order # E 7880

PY-593 (REV. 8-85)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7880

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT John	SEX Male	DATE OF BIRTH Unknown	DATE OF DEATH Found 10-12-1988
PLACE OF DEATH—CITY OR TOWN El Cajon	PLACE OF DEATH—COUNTY, OR STATE IF NOT IN CALIFORNIA San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT San Diego County Coroner 5555 Overland Avenue San Diego, CA 92123	
NAME AND ADDRESS OF FUNERAL DIRECTOR OR PREPARATOR BURGH-ROBERTS MORTUARY National City, CA		CALIFORNIA LICENSE NUMBER F-284	

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> 1 BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

<input type="checkbox"/> 4 SCIENTIFIC USE | <input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR CORONER'S USE ONLY
 <input type="checkbox"/> 10 DISPOSITION PENDING </div> |
|--|---|--|

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market St., San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Flatchena - no home - Bolton	DATE CREMATED
BURIAL AT SEA OR DISPOSITION OTHER IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION 	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS 	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT
		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID \$4.00
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/2/89 (ENTER DATE)	DATE PERMIT ISSUED FEB 1 1989
	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Leoyeu Stelter	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Ronald E. Ramos, M.D.
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH 	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Le Roy Jesse Harvey in a Bell Lane Vault/Urner Funeral, date, time February 2/89 10:00 Church, Chapel, Graveside Delmar Ericksen - Old 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 John

Lot 2755 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 35.00

Paid receipt number 39387 35.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7881
PR-583 (REV. 8-88)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7881

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1. NAME OF DECEDENT—FIRST (GIVEN) LeRoy	1B. MIDDLE Jesse	1C. LAST (FAMILY) Harvey	2. DATE OF BIRTH (MONTH, DAY, YEAR) Apr. 11, 1906	3. DATE OF DEATH (MONTH, DAY, YEAR) Feb. 1, 1969	4. SEX Male
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Rosalina Harvey Wife 4559 Palm Avenue La Mesa, California 92041	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Erickson-Anderson 8390 Allison Av. La Mesa, CA			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 7296		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED Feb. 3, 1969
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED FEB - 7 1969	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH Vital Records P.O. Box 85222 San Diego, California 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 2755-10 3751 Market St. San Diego, CA. 92102	11B. DATE INTERRED Feb. 7, 1969	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY Loga Belmonte Rake Handler lined -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 254-3151

No 37387

Date: 2-24, 1989

From: El Caminos Address: 5600 Carroll Canyon

Thirty-five no/100 Dollars (\$ 35.00)

In Payment of reordering fee for Laura Harvey

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. 2-7001

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

026172

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
 MAR 06 1989

ISSUED BY: Andrea Ward

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Handling Fee	100	
Recording & Map Fees	77183	<u>35.00</u>
Pre-Need Trust	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID		<u>35.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe 88-2157 in a Vault/Liner Funeral, date, time Fri 2/3 1:00 Church, Chapel, Graveside Delmar, Calif. Holy Bullia 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 149 Grave 2 Top South Row 1 Section 1 Division/Block 12

Grave space & Care Fund 55.00
Additional spaces and care fund
Opening/Closing & Setup 40.00
Burial Container
Handling Fees
Flower vases - Marker setting fee
Recording and filing fee
Sales taxes
Total Due 745.00

*P.A. 1067524
Season
Siddley*

Paid receipt number _____
Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____
Address _____
State _____ Zip Code _____
Telephone _____

Work Order # **E 7882**
PY-593 (REV. 9-85)

Invoice # 079413
Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7892

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) John	1B. MIDDLE	1C. LAST (FAMILY) Doe CC#88-2151	2. DATE OF BIRTH (MONTH, DAY, YEAR) Unk.	3. DATE OF DEATH (MONTH, DAY, YEAR) 10-8-88	4. SEX Male
5A. CITY OF DEATH Jamul		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT PUBLIC ADMINISTRATOR: 5201-A Ruffin Road San Diego, CA 92123	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5002 EL CAJON BLVD. SAN DIEGO, CA			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE F-1357		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 2-2-1989
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED FEB 2 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. Box 85222 San Diego, CA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
--	--

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE INTERRED 2/3/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Top South side	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Wooden flat top no liner	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A South	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HARRIS
Charles Victoria Harris
in a Bell Vault/Liner Funeral date, time Mon 2/6 1 P.M.
Church, Chapel, Graveside Chapel of Home Mukhey-Mitch 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 88 Grave 2 Row _____ Section 2 Division/Block 7

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee sheet

Recording and filing fee 55.00

Sales taxes 7.00

Total Due 607.00

Paid receipt number 37319 607.00

Balance due 0

*Monterey
well over*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Shawcom P.D.
Signature _____

Signature of recorded holder of deed _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # **E 7883**

Invoice # _____

Acct. # _____

MOUNT HOPE CEMETERY

E 7883

2 Feb 1989

The undersigned hereby requests and authorizes the interment of the remains of Chaney "Victoria" Harris in Lot 88 Gr 2 Row _____ Sec 2 Block/Div 7 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 on account of said authorization and interment.

Paul W. Harris
Signature of Relative or Legal Guardian

3027 Dye Road, Ramona, Calif. 92065
Address and relationship to Tot

X Paul Harris
owner and/or authority to sign authorization

De Mitchell
(Witness)

(Witness)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7883

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) CHARCY		1B. MIDDLE VICTORIA		1C. LAST (FAMILY) HARRIS		2. DATE OF BIRTH (MONTH, DAY, YEAR) OCT 2, 1911		3. DATE OF DEATH (MONTH, DAY, YEAR) FEB 2, 1989		4. SEX F		
5A. CITY OF DEATH SPRING VALLEY				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO				6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT PAUL W. HARRIS, HUSBAND 3027 BYE ROAD RAWHIA, CA 92065				
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HENLEY-MITCHELL MORTUARY, 3655 FIFTH AVENUE, SAN DIEGO, CA 92103						7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F-119						
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Ed Leach</i>						8B. DATE SIGNED FEB 3, 1989			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.			9A. AMOUNT OF FEE PAID \$4.00		9B. DATE PERMIT ISSUED FEB 03 1989		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Brown, M.D.</i>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. BOX 86222, SAN DIEGO, CA 92138-8222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT						
TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE												
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)			<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)			<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)						
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)			<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)			<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)						
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY			<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY			FOR CORONER'S USE ONLY						
<input type="checkbox"/> D. SCIENTIFIC USE			<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY						<input type="checkbox"/> K. DISPOSITION PENDING			

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY HT HOPE CEMETERY, 3761 MARKET STREET, SAN DIEGO, CA <i>88-2-2-7</i>	11B. DATE INTERRED FEB 6, 1989	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>Wooden Cloth and St...</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <i>Bell Lines</i>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <i>"Rocky Soil"</i>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37319

Date: 2-6-89 19

From Markley-Mitchell Mortuary Address: 3655 - 5th Ave - S.D. 92103

In full Payment of Interment of and for Charney Victoria Harris - Decand Dollars (\$ 607⁰⁰)

Lot 88 Grave 2 Row _____ Section 2 Division 7
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-7883
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AG-212 (Rev. 10-87) 7842

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 10 1989

ISSUED BY Loyens & Latta

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>320 00</u>
Burial Containers	77182	<u>100 00</u>
Handling Fee	100	<u>745 00</u>
Recording & Misc. Fees	77183	<u>35 00</u>
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>7 00</u>
	78990	
TOTAL PAID		\$ <u>607 00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-2-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe 88-2636 in a Vault/Liner Funeral, date, time Fri 2/3 10:00 Church, Chapel, Graveside Delway; Mayes 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 149 Grave 2 Row Section 1 Division/Block 12

Grave space & Care Fund 55.00

Additional spaces and care fund

Opening/Closing & Setup 90.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145.00

Paid receipt number

Balance due

*BA 1067494
Susan*

Delway

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

State Zip Code

Telephone

Work Order # E 7884

FD-603 (REV. 8-85)

Invoice # 029472

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7884

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) John	1B. MIDDLE —	1C. LAST (FAMILY) Doe CC#88-2636	2. DATE OF BIRTH (MONTH, DAY, YEAR) unk	3. DATE OF DEATH (MONTH, DAY, YEAR) Dec. 5, 1988	4. SEX Male
5A. CITY OF DEATH Escondido		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT San Diego County Coroner 5555 Overland Avenue San Diego, CA 92123	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 1424		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>John Mayer</i>	8B. DATE SIGNED 2-2-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED FEB 02 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Brown, M.D.</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH 3851 Rossmore San Diego, CA 92101	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input checked="" type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope cemetery 3751 Market San Diego, CA	11B. DATE INTERRED 2/3/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Leoyul...</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Bag of Bones - Blk wood box on North Side Top	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

See Scope

Date 2/2/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Suzanne Lynn Martinez

in a Concrete Funeral, date, time Feb 27 - 1:30

Church, Chapel, Graveside Family Room; None 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 9 Grave 6 Row N. 4th Century BX4 area Section BAR Division/Block JE

Grave space & Care Fund Lot 9 - 2p. 6 North 4" 215⁰⁰

Additional spaces and care fund None

Opening/Closing & Setup 105⁰⁰

Burial Container Concrete 40⁰⁰

Handling Fees Labor 60⁰⁰

Flower vases - Marker setting fee not included

Recording and filing fee 2 @ 35 70⁰⁰

Sales taxes 2⁰⁰

Total Due 492⁰⁰

Paid receipt number 307363 492⁰⁰

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.

Signatures of recorded holder of deed

Signature

Address

State

Telephone

Zip Code

Suzanne Lynn Martinez
5564 Lone Star Dr.
San Diego, California
(619) 286-7415 - 92120

Invoice #

Acct. #

Work Order #

E 7885

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 37363



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 2-14, 1989

From: Jacqueline Martinez Address: 5564 Ave The Dr, S
San Diego, CA 92110 Dollars (\$) 492.80

In Payment of sumner Martinez's interment

Lot 9 Grave 6 Row _____ Section GAR Division Block 3E

Invoice No. _____
Acct. No. _____
W.O. 8-785
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY Andrea Wood

CREDIT	67007	
20% Sales Care	77184	<u>43.00</u>
80% Sales of Lots	100	<u>172.00</u>
Opening/Closing	77181	<u>105.00</u>
Burial Containers	100	<u>40.00</u>
Handling Fee	77185	<u>60.00</u>
Recording Misc. Fees	100	<u>50.00</u>
Pre-Need Trust	63003	
Sales Tax	80101	<u>2.80</u>
TOTAL PAID	78380	<u>492.80</u>

CITY AUDITOR
FEB 17 1989

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY 004168
 264-3151

NO 38071

Date: 10-23- 19 89

From: Chris Martinez Address: 6550 Burgandy St., S.D. CA 92120

Fifteen dollars and 95/100 Dollars (\$ 15.95)

In Full Payment of installation of flower can

Lot 9 Grave 6 Row _____ Section G.A.I.R Division CITY AUDITOR
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E 7885

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

148.5

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100	5	
Handling Fee	77182	10	60
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
	60101		35
	78390		
TOTAL PAID	\$	15	95

OCT 30 1989

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

N8933
E7885

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) SUNNY	1B. MIDDLE LYNN	1C. LAST (FAMILY) MARTINEZ	2. DATE OF BIRTH (MONTH, DAY, YEAR) 10-23-1943	3. DATE OF DEATH (MONTH, DAY, YEAR) 1-28-1989	4. SEX FEMALE
5A. CITY OF DEATH WEST LOS ANGELES		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE LOS ANGELES		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT MICHAEL A. MARTINEZ (HUSBAND)	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY P.O. BOX 2308 EL CAJON, CA			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F-1352		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Brenda Maloney</i>	8B. DATE SIGNED 2/7/1989
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED FEB 09 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Robert M. ...</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH 313 N. FIGUEROA ST. LOS ANGELES, CA		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT P.O. 85222 SAN DIEGO, CA	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input checked="" type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MNT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CALIF.	11B. DATE INTERRED 2/14/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Leggett ...</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY LENEDA CREMATORY INC. 14065 HWY 80 EL CAJON, CA.	12B. DATE CREMATED 2/12/89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>...</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED <i>Feb 14 1989</i>	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>Same Consultant Bob (Conute) With Baby</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E7885

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
		Martinez	7-13-1970	7-13-1970	Male
5A. CITY OF DEATH		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT	
La Mesa		San Diego		Christopher Martinez—father 6550 Burgundy St. San Diego, CA 92120	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE		
Cypress View/Bonham Brothers 3953 Imperial Ave. San Diego, CA			670		
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such		8B. DATE SIGNED
			<i>[Signature]</i>		2-2-1989

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT	
		\$4.00	FEB 2 1989	<i>[Signature]</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT			
	San Diego County—Vital Records 3851 Rosecrans St., San Diego, CA				

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

J. TRANSIT (OUTSIDE OF CALIFORNIA)

K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY	11B. DATE INTERRED	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
		Mount Hope Cemetery 3751 Market St. San Diego, CA 92102	9-6-88R-3E 2/14/89	<i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
		N/A <i>Small Bronze Urn in</i> <i>Crematorium with Seamy</i>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	N/A			
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	N/A			
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	16C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
	N/A			

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER COUNTY. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jane Verner
in a Bell Services Funeral, date, time Tues 2/7 11:00

Church, Chapel, Graveside Howe Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 29 Grave 7 Row _____ Section 3 Division/Block 12

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 35.00

Paid receipt number _____ 35.00

Balance due 0

Public Services will mail check

Presented P-8614

John help needed

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 7886

PY-563 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7886

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) IONE	1B. MIDDLE ---	1C. LAST (FAMILY) VANER	2. DATE OF BIRTH (MONTH, DAY, YEAR) 05-17-1908	3. DATE OF DEATH (MONTH, DAY, YEAR) 02-03-1989	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT SELF: PRE NINE RECORD	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lewis Colonial/Banbough 3051 El Cajon Blvd. San Diego, CA 92104			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F-480		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 2.6.89
---	--	----------------------------------

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED FEB 06 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
---	--	---	--	---

9D. ADDRESS OF REGISTRAR OF DISTRICT OF HEALTH VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
--	--

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 3751 Market St. Mount Hope Cemetery - San Diego, CA	11B. DATE INTERRED 2/7/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY 29-7-3-12 Cloth Covered Octogan - Plastic Bale Handler	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Limer	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E7886 No 37488

From Don Davis Regional Water Address 4355 Duffin Rd, SD Date: 3-9, 1988

Trust - P/O 11/10 Dollars (\$ 35.00)
 In Payment of Recording fee for same volume

Lot 29 Grave 7 Row _____ Section 3 Division Block 12

Invoice No. _____
 Acct. No. _____
 W.O. E-7086
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Andrea Ward

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/ Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	<u>35 00</u>
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>35 00</u>

CITY AUDITOR
 MAR 16 1989

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-3-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of William Henry Everett

in a T.S. Vault ^{Vault/Line} Funeral, date, time Wed 2/8 10:30

Church, Chapel, Graveside Chapel & Home Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Impenal Sale

✓ Lot 4409 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	<u>595.00</u>
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>320.00</u>
Burial Container	<u>175.00</u>
Handling Fees	<u>170.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>35.00</u>
Sales taxes	<u>12.25</u>
Total Due	<u>1307.25</u>

Paid receipt number 37341 1307.25

Balance due 0

*30 days
notice*

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

[Signature]
Address 496 REGINA DEL MAR
PACIFICA CA 94044
State CA Zip Code
415-355-4987
Telephone

Work Order # E 7887
PY-503 (REV. 8-85)

Invoice # _____
Acct. # _____

W.O. # E-7887

NOTE

\$ 1307.25 San Diego, California

February 2 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of thirteen hundred seven 25/100 — DOLLARS with interest from 60 days after interest on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME JOSEPH E. EVERETT SIGNATURE 

ADDRESS 496 REINA DEL MAR PACIFICA CA 94044



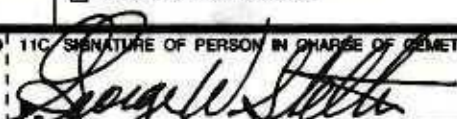
CALIF. DRIVERS LIC. # A0619554

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7887

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) WILLIAM	1B. MIDDLE JOHN HENRY	1C. LAST (FAMILY) EVERETT	2. DATE OF BIRTH (MONTH, DAY, YEAR) 3-14-1923	3. DATE OF DEATH (MONTH, DAY, YEAR) 2-5-1989	4. SEX M	
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Joseph E. Everett - Son 496 Reina Del Mar Pacifica, CA 94044		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Central Loma Grove Mortuary 7387 Broadway - Loma Grove, CA 92045			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F941			
ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such 		8B. DATE SIGNED 2-6-1989	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED FEB 7 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 		
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH VITAL RECORDS DEPT. OF HEALTH SERVICES San Diego, CA 92138-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		
TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE						
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)		
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)		
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY		<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY		
<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY				<input type="checkbox"/> K. DISPOSITION PENDING
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102	4409-10	11B. DATE INTERRED 2/8/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY 	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Boyfietown Selected Hardware & Veneer - T. & Kault		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37341

Date: 2-8, 1989

From: Jessie Everett Address: 496 Reina Del Mar, Pacific, CA

Written funded seven 25/100 Dollars (\$ 1307.25)

In _____ Payment of William Everett's Interment

Lot 4409 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____
 Acct. No. _____
 W.O. E-7827
 BALANCE DUE E

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

5205

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 'PAID' IN THIS SPACE

ISSUED BY Andie Ward

CREDIT	67007	
20% Sales Care	77184	<u>119.00</u>
80% Sales of Lots	100	<u>476.00</u>
Opening/Closing	77181	<u>320.00</u>
Burial Containers	100	<u>175.00</u>
Handling Fee	77185	<u>170.00</u>
Recording & Misc. Fees	77183	<u>35.00</u>
Pre-Need Trust	60101	
Sales Tax	78390	<u>12.25</u>
TOTAL PAID		\$ <u>1307.25</u>

CITY AUDITOR
 FEB 16 1989

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

NO 38276
 E 7887

Date: 7-11, 1989

From: Mrs. Quick Address: _____

In Sept 1989 Dollars (\$) 15.95

Payment of Spencer Coz for William Sweet

Lot 4409 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-7887

BALANCE DUE _____

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	8022	
	80101	
	78390	
TOTAL PAID	\$	<u>15.95</u>

CITY AUDITOR
 JUL 14 1989

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-6-89

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of Paul M. Donald
in a Bell Tower Vault/Liner Funeral, date, time Thurs, 2/9, 2:00

Church, Chapel, Graveside Graveside Temp Crematory

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran

Lot 35 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee 35.00

Recording and filing fee 7.00

Sales taxes 607.00

Total Due 607.00

Paid receipt number 37248 607.00

Balance due 0

I hereby certify I am the Attorney in Fact of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Judith Stewart

Address P.O. Box 880107

City San Diego, Cal. 92108

State _____ Zip Code _____

Telephone 296-9134

Invoice # _____

Acct. # _____

Work Order # E 7888

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7888

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) OPAL	1B. MIDDLE -----	1C. LAST (FAMILY) MC DONALD	2. DATE OF BIRTH (MONTH, DAY, YEAR) 10-08-1902	3. DATE OF DEATH (MONTH, DAY, YEAR) 02-04-1989	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Judith Stewart - Conservator P. O. Box 880107 San Diego, CA 92108	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Lewis Colonial/Bambough San Diego, CA 92104			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F-480		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Jerry D. Meadows</i>	8B. DATE SIGNED 2-8-89
---	---	----------------------------------

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED FEB 8 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramon, M.D.</i>
---	---	---	---

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH VITAL RECORDS...P.O. BOX 85222 San Diego, CA 92138-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
---	--

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 3751 Market St. 35/3/8 Mount Hope Cemetery - San Diego, CA	11B. DATE INTERRED 2/9/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Pennington - Cloth-wooden hines	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37348

Date: 2-9, 1989

From: Helen Leaper Address: P.O. Box 880107 SD CA

City of San Diego Dollars (\$) 607.00

In Payment of Opal Mc Donald's interment

Lot 35 Grave _____ Row _____ Section 3 Division Block _____

Invoice No _____
 Acct. No _____
 W.O. E-7808
 BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 01526

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY Linda Ward

GREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>350.00</u>
Burial Containers	100	<u>100.00</u>
Handling Fee	77182	<u>145.00</u>
Recording & Misc. Fees	77183	<u>3.50</u>
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>7.00</u>
	78380	
TOTAL PAID		\$ <u>607.00</u>

CITY AUDITOR
 FEB 16 1989

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-7-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rudoy & Ellie Vakkers

in a _____ Funeral, date, time _____

Vault/Liner _____ Church, Chapel, Graveside _____; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

Lot 62 Grave 2 Row _____ Section 3 Division/Block 5

Grave space & Care Fund flat marker fee 595.00

Additional spaces and care fund exp. to prevent marker

Opening/Closing & Setup is set as addition

Burial Container \$100 is due

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due 595.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Rudoy & Ellie Vakkers
Signature

Signature of recorded holder of deed _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7889

FD-883 (REV. 8-88)

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Buried in (B) Foot of grave Date 2-7-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruth C. Pearson

in a Ash Vault Funeral date, time Mon 2:27 PM

Church, Chapel, Graveside delivery only: Erickson - Anderson 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 Asks in Office

Lot 38 Grave _____ Row _____ Section FDDF Division/Block 16

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 46.00

Handling Fees 60.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 2.80

Total Due 242.80

paid receipt number 37329 242.80

Balance due 0

I hereby certify I am the BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed _____

John P. Pearson Jr.
Address 9423 Shamples Dr
LAMBEA, CA 92041
City LAMBEA, CA Zip Code
State CA
Telephone 463 2808

Work Order # **E 7890**
FY-583 (REV. 8-85)

Invoice # _____
Acct. # _____

Notify when is complete
All: [unclear] [unclear]

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7890

#57667

Erickson Anderson
Found

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) RUTH	1B. MIDDLE C.	1C. LAST (FAMILY) PEARSON	2. DATE OF BIRTH (MONTH, DAY, YEAR) Oct. 16, 1910	3. DATE OF DEATH (MONTH, DAY, YEAR) Feb. 6, 1989	4. SEX Female
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT John P. Pearson Jr. Brother 9423 Showplace Drive La Mesa, California 92041	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Erickson-Anderson 8390 Allison Av. La Mesa, CA			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F296		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED Feb. 8, 1989
---	--	--

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED FEB 8 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH Vital Records P.O. Box 85222 San Diego, CA 92138-5222	8E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
---	--

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input checked="" type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 38-100F-16 3751 Market Street San Diego, CA	11B. DATE INTERRED 2/27/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY Cypress View Crematory 3953 Imperial Av. San Diego, CA.	12B. DATE CREMATED 2-10-89	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Comitruen - at Rte foot of Space	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37329
 E 7890

From: Juan P. Ramirez Address: 9422 Shoreline Dr, #111
1000 Mendocino City - W.C. 92110 Date: 2-7, 19 89
 Dollars (\$) 242.80
 In Payment of Ruth C. Ramirez's Unpaidment

Lot 36 Grave _____ Row _____ Section JCDF Division Block 16

Invoice No. _____
 Acct. No. _____
 W.O. E-7890
 BALANCE DUE 6

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CITY AUDITOR
 FEB 10 1989

ISSUED BY [Signature]

CREDIT	57007		
20% Sales Tax	77184		
80% Sales of Lots	100		
Opening/Closing	77181	105	00
Burial Containers	77182	40	00
Handling Fee	77185	60	00
Recording & Misc. Fees	77183	33	00
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	2	00
	78380		
TOTAL PAID	\$	242	80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-7-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eucina Nowden

in a T.S. Vault Funeral, date, time Mon 2/13 2:00

Church, Chapel, Graveside Church & Home; Rosedale 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 5700 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 695.00

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 12.25

Total Due 1407.25

Paid receipt number O.T. 100.00

balance due 400.00 Balance due 1507.25

30 days note

Mother 4/12/89

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Menthe L. Armstrong

Signature 4976 Elm St

Address San Diego Ca 92102

State 264-4534 Zip Code

Telephone

Signature of recorded holder of deed

Invoice # 079404

Acct. # 028065

Work Order # E 7891

REPORT NO. 001
 DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT ORG	ACCT	J/D	PAYM DATE DPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
079474	02/15/89	029065	MINTHA L. ARMSTRONG	77181	000072	03/17/89	CK	2151	500.00	1,507.25	507.25 PARTIAL PAYMENT
			100 072	77182	000072				106.15		
			100 072	77183	000072				58.05		
			100 072	77184	000072				44.78		
			100 072	77185	000072				46.11		
			100 072	78390	000072				56.39		
			60101	77184					4.06		
			67007						184.46		

E-789/

079474	02/15/89	029065	MINTHA L. ARMSTRONG	77183	000072	03/07/89	CK	2150	500.00	1,507.25	0.00 PAID IN FULL
			100 072	77181	000072				106.15		1,007.25 PARTIAL PAYMENT
			100 072	77182	000072				58.05		
			100 072	77183	000072				44.78		
			100 072	77184	000072				46.11		
			100 072	77185	000072				56.39		
			100 072	78390	000072				4.06		
			60101	77184					184.46		
			67007						410.00		

E-789/

NUMBER OF INVOICES PAID 2
 TOTAL AMOUNT PAID 910.00

OK

W.O. # 8-7891

NOTE

\$ 1407.25 San Diego, California

2-7 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of fourteen hundred seven 25/100 DOLLARS with interest from 4-30-89 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME MINTHA L. ARMSTRONG SIGNATURE Minttha L Armstrong

ADDRESS 4976 Elm St San Diego Ca 92102

CALIF. DRIVERS LIC. # B1848380

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7891

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Rogina	1B. MIDDLE	1C. LAST (FAMILY) Nowden	2. DATE OF BIRTH (MONTH, DAY, YEAR) 8-23-50	3. DATE OF DEATH (MONTH, DAY, YEAR) 2-5-89	4. SEX Female
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Nintha L. N. Armstrong-mother 4976 Elm St. San Diego, Ca. 92102	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, Ca. 92102			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F-1329		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 2/8/89
---	--	----------------------------------

'PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED FEB 9 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P. O. Box 85222 San Diego, Ca. 92138-85222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY <input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, Ca. 92102	11B. DATE INTERRED 2/13/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Steel Vault in T.S. Vault late funeral - Budget - Int 4PM - out 4:15 -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

3/27

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

No 37535

Date: 3-17, 1989

From: Stephen Cantor Address: 4976 Elm Street SD

Five hundred & no/100 Dollars (\$ 500.00)

In _____ Payment of Regina Howard's Interest

Lot 5700 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. 079474

Acct. No. 024065

W.O. E-7891

BALANCE DUE 507.25

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	63033	
	9022	
	60101	
	78300	
TOTAL PAID	\$	<u>500.00</u>

CITY AUDITOR
 MAR 28 1989

OFFICIAL RECEIPT

4/17

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37665



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 4/12, 1989

From: Sheldon Armstrong Address: 4976 - Elm St - S.S.

In Five hundred Seventy and 25/100 Dollars (\$ 507.25)
Payment of Final Interment of and for Regina Nowden's Int.

Lot 5100 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. 079474
Acct. No. 029065
W.O. E-7891
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
'PAID' IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	67007	
2% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	83033	
	9022	
	80101	
	75380	
TOTAL PAID	\$	<u>507.25</u>

CITY AUDITOR
APR 18 1989

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check
7.25 500.00
#2158

MT. HOPE CEMÉTERY
INTERMENT ORDER

City of San Diego

Date 2-8-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pearl S. Woodruff in a Bell Line Vault/Liner Funeral date, time Fri 2/10 2:00 Church, Chapel, Graveside Church Home, Paysondale 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 123 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup Preneed D-4050

Burial Container Preneed P-4174

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes _____

Total Due 35.00

Paid receipt number 27382 35.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 7892

PY-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7892

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Pearl	1B. MIDDLE Gladys	1C. LAST (FAMILY) Woodruff	2. DATE OF BIRTH (MONTH, DAY, YEAR) 8-2-1900	3. DATE OF DEATH (MONTH, DAY, YEAR) 2-5-1989	4. SEX Female
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Ozella Roberts - Niece 3845 1/2 Oceanview Blvd. San Diego, California 92113	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary 5050 Federal Blvd.			7B. CALIFORNIA LICENSE NUMBER IS APPLICABLE F 1329		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 2-9-89
--	--	----------------------------------

PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	8A. AMOUNT OF FEE PAID 4.00	8B. DATE PERMIT ISSUED FEB 10 1989	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. Box 85222 San Diego, CA. 92138		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 123-10 3751 Market Street San Diego, CA.	11B. DATE INTERRED 2/10/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY Silver Alton - wooden Liner	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	*TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

008953

No 37382



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 2 22 19 89

From: Anderson-Passdale Address: 5050 Federal Blvd, SD

Thirty-five 20/100 Dollars (\$ 35 00)

In _____ Payment of Accounting for Year End & Warrant

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-7842

BALANCE DUE 0

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87) 3430

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77194	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	90101	
	78390	
TOTAL PAID	\$	<u>35 00</u>

CITY AUDITOR
MAR 06 1989

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/9

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of David Daniel Coffman

in a _____ Funeral, date, time Feb 2/10 10:11

Church, Chapel, Graveside Deliver Only; Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran _____

Lot 114 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 55.00

Additional spaces and care fund 90.00

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145.00

Paid receipt number _____

Balance due _____

P.A. 1068059

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7893
PY-593 (REV. 8-95)

Invoice # 07900

Acct. # 00000

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7893

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) David		1B. MIDDLE Daniel		1C. LAST (FAMILY) Coffman		2. DATE OF BIRTH (MONTH, DAY, YEAR) Sept. 25, 1939		3. DATE OF DEATH (MONTH, DAY, YEAR) Feb. 4, 1989		4. SEX Male			
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego				6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Jenene Savders - Daughter 9913 Mission Gorge Rd. #4 Santee, CA 92071					
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA						7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 1424							
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>John Mayer</i>		8B. DATE SIGNED 2-9-89			
PERMIT AUTHORIZATION OF LOCAL REGISTRAR		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.						9A. AMOUNT OF FEE PAID 4.00		9B. DATE PERMIT ISSUED FEB 9 1989		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D. mm</i>	
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH 3851 Rosecrans Av. San Diego, CA 92101						9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT					
10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE													
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)			<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)			<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)			FOR CORONER'S USE ONLY				
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)			<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)			<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)							
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY			<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY										
<input type="checkbox"/> D. SCIENTIFIC USE			<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY			<input type="checkbox"/> K. DISPOSITION PENDING							
<i>Top</i>													
COMPLETE ALL APPLICABLE ITEMS	INTERMENT		11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery San Diego, CA				11B. DATE INTERRED 114-2 Top - 1-12 - 2/10/89		11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Joseph [Signature]</i>				
	CREMATION		12A. NAME AND ADDRESS OF CREMATORY N/A Fletcher - Fleck Board - 4 Paster Handle - Covered White Burl Sheet				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY				
	SCIENTIFIC USE		13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Whiner - Steel Drum on So. Center				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY				
	TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT				
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/11/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of David Todd Matthews (aka Singleton)

in a Bell Liner Vault/Liner Funeral date, time 11:00-Tues 2/14

Church, Chapel, Graveside Chapel #85; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 3033 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund 00.00

Additional spaces and care fund none

Opening/Closing & Setup 69.00

Burial Container Bell Liner OOA 49.00

Handling Fees 50.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 3.00

Casket 2-0 oval top
Red

Total Due 299.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of record holder of deed _____

Signature _____

Address _____

State _____ Zip Code _____

Telephone _____

Work Order # E 7894
FY-593 (REV. 9-86)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

NO 38713

Date: 12-28, 1989

From: Trust of San Diego Address: 1600 Pacific Highway

Two Hundred Dollars (\$ 200.00)

In Payment of Liquid Mortgages Interest

Lot 3033 Grave _____ Row _____ Section 1 Division Block

Invoice No. _____

Acct. No. _____

W.O. 8-7894

BALANCE DUE 0

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

607647

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	<u>20.00</u>
20% Sales Cars	77184	
80% Sales of Lots	100	<u>80.00</u>
77184		
Opening/Closing	100	<u>64.00</u>
77181		
Burial Containers	100	<u>44.00</u>
77182		
Handling Fee	100	<u>50.00</u>
77185		
Recording & Misc. Fees	100	<u>25.00</u>
77183		
Pre-Need Trust	63033	
8022		
Sales Tax	80101	<u>2.00</u>
78390		
TOTAL PAID	\$	<u>209.00</u>

JAN 02 1990

AUDITOR

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7894

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) David	1B. MIDDLE Todd	1C. LAST (FAMILY) Matthews	2. DATE OF BIRTH (MONTH, DAY, YEAR) Sept. 4, 1909	3. DATE OF DEATH (MONTH, DAY, YEAR) Feb. 7, 1989	4. SEX Male
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Alberta S. Singleton - Grandmother 3845 - 47th St. Apt. 7 San Diego, California 92105	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE F 1329		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED 2-11-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 4.00	9B. DATE PERMIT ISSUED FEB 13 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. Box 85222 San Diego, CA. 92138		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 3033-1-9 Mt. Hope Cemetery 3751 Market Street San Diego, California	11B. DATE INTERRED 2-14-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Blue H.P. - 2-0 - N.L.	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A Earth Backfill -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2/13/89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rosa L. Sharp
in a T.S. Vault Vault/Line Funeral date, time Tues 2/14 1:00

Church, Chapel, Graveside Delaney Crk; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____

✓ Lot 100 Grave 4 Row _____ Section 2 Division/Block 11

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

*Needed
Just
E-6932*

Total Due 8

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 7895**
PY-583 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7895

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ROSA	1B. MIDDLE LEALI	1C. LAST (FAMILY) SHARP	2. DATE OF BIRTH (MONTH, DAY, YEAR) Feb. 14, 1894	3. DATE OF DEATH (MONTH, DAY, YEAR) Feb. 10, 1989	4. SEX F
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mary Lou Swick (Daughter) 3428 Curlew Street San Diego, CA 92103	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Magrey Chula Vista Mortuary 855 Broadway Chula Vista, CA 92011			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F-964		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Judith E. King</i>	8B. DATE SIGNED 2-13-89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED FEB 14 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramey, M.D.</i>
8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH Vital Records P.O. Box 85222 San Diego, CA 92138-5222		8E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT	

TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE INTERRED 2/14/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A T.S. Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-13-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Wilhelmina Krechler

in a Double Crypt Vault/Line Funeral, date, time June 2/14 1:00

Church, Chapel, Graveside Graveside; Carroll 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 62 Grave 2-Bottom Row _____ Section 3 Division/Block 5

Grave space & Care Fund 575.00

Additional spaces and care fund

Opening/Closing & Setup 320.00

Burial Container Double Crypt 330.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 23.10

Total Due 1623.10

Paid receipt number 37357 1000.00

Balance due 623.10

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.

Signature of recorded holder of deed _____

ELLIE WARRERS
Julia Krechler
Signature

10348 E/MDALE DR.
Address

SPRING VALLEY
State

CA Zip Code 92077

Telephone 670-4841

670-5048 874476

Invoice # _____

Acct. # 023067

Work Order # E 7896
PY-593 (REV. 8-85)

W.O. # 2-7896

NOTE

\$ 623.10 San Diego, California

2-13 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer, or order at 3751 Market Street, San Diego, Ca 92102 the sum of Six hundred twenty-three 10/100 DOLLARS with interest from 4-17-89 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME JULIUS KRECKLER SIGNATURE Julius Kreckler
ADDRESS _____

CALIF. DRIVERS LIC. # _____

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

- APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7896

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) WILHELMINA	1B. MIDDLE ALBERTINA	1C. LAST (FAMILY) KRECKLER	2. DATE OF BIRTH (MONTH, DAY, YEAR) 8-13-1893	3. DATE OF DEATH (MONTH, DAY, YEAR) 2-11-1989	4. SEX F
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5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Ellie Vakkers - Daughter 10360 Kildale Drive Spring Valley, CA 92077
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7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH General Lemon Grove Mortuary 7387 Broadway - Lemon Grove, CA 92045	7B. CALIFORNIA LICENSE NUMBER (IF APPLICABLE) 7941	
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ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such 	8B. DATE SIGNED 2-12-1989
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR <small>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED FEB 14 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH San Diego County Dept. of Health Services VITAL RECORDS 7756, Box 85222 San Diego, CA 92138-3222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT
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TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY <input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE INTERRED 2/14/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY
CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Double Crypt - on Bottom Wooden Cloth Covered Casket	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

112 38592

Date: 11-22, 1989

From: J. C. E. Address: _____

Twelve 95/100 Dollars, (\$ 15.95)

In _____ Payment of grave deep for [unclear]

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. 827896

BALANCE DUE 15.95

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>15.95</u>

CITY AUDITOR
 DEC 04 1989

OFFICIAL RECEIPT

No 37357



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

From: Julius Kreckler Address: 10348 Elmdale Dr, S Date: 2-13 1989
One thousand no/100 Dollars (\$ 1000.00)
In _____ Payment of Wilhelmina Kreckler
Interment
Lot 62 Grave 2 Row _____ Section 3 Division 5
Block _____

Invoice No _____
Acct. No _____
W.O. E-17896
BALANCE DUE 623.10

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	119.00
20% Sales Care	77184	
80% Sales of Lots	100	476.00
Opening/Closing	77184	
Burial Containers	100	320.00
Handling Fee	77181	
Recording & Misc. Fees	100	85.00
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	1000.00

CITY AUDITOR

FEB 21 1989

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	DRG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
079476	02/15/89	029064	JULIUS KRECKLER				03/06/89	CK	838	623.10	623.10	0.00
			100 072		77182	000072				245.00		
			100 072		77183	000072				35.00		
			100 072		77185	000072				320.00		
			60101		7839D					23.10		
NUMBER OF INVOICES PAID					1							
TOTAL AMOUNT PAID					623.10							

2-7896

[Signature]

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-13-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Robert E. Kay Jr.

in a T.S. Vault Funeral, date, time Thurs 2/16 11:00

Church, Chapel, Graveside Chapel of the Holy Spirit Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Yes

Lot 138 Grave 12 Row Section 1 Division/Block 11

Grave space & Care Fund 495.00

Additional spaces and care fund

Opening/Closing & Setup 300.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee - Setty fee 135.00

Recording and filing fee 35.00

Sales taxes 12.25

Set up at monument

Total Due 1207.25

Paid receipt number 3/21/89 135.00

Balance due 1072.25

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.

Melodie Krussel
Signature
621 Clamath St.
Address
Spring Valley, CA 92077
Zip Code
589-7263
Telephone

Signature of recorded holder of deed

Work Order # E 7897

PY-693 (REV. 8-88)

Invoice #
Acct #

W.O. # E 7897

NOTE

\$ 1342²⁵

San Diego, California

2/13 19 89

30 days after date for value received, the undersigned maker promises to pay to Mt. Hope Cemetery or San Diego City Treasurer or order at 3751 Market Street, San Diego, Ca 92102 the sum of Thirteen hundred forty two and 25/100 DOLLARS with interest from March 15, 1989 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promises(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Para. 7528 of the State of California Health & Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due or unpaid.

PRINT NAME _____

SIGNATURE X Melodie Knudsen

ADDRESS _____

CALIF. DRIVERS LIC. # @0038428

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7897

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) ROBERT	1B. MIDDLE EDWARD	1C. LAST (FAMILY) KAY Jr.	2. DATE OF BIRTH (MONTH DAY YEAR) 2/18/33	3. DATE OF DEATH (MONTH DAY YEAR) 2/11/89	4. SEX M
---	-----------------------------	-------------------------------------	---	---	--------------------

5A. CITY OF DEATH Tucson	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE Pima Arizona	6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Melodie Knudsen Daughter 621 Cleopatra St. Spring Valley, CA
------------------------------------	--	--

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERHILL MORTUARY 6322 El Cajon Blvd. San Diego	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 1083
--	--

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Edward Feell</i>	8B. DATE SIGNED 2-14-89
---	---	-----------------------------------

* PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED FEB 15 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Barnes M.D.</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH Vital Records P.O. Box 3887 Phoenix, Ar. 85030	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT P.O. Box 85222, San Diego, CA 92138-8222
--	--

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> K. DISPOSITION PENDING
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY	

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Nt. Hope Cemetery 3751 Market St San Diego	11B. DATE INTERRED 2/14/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Georgina...</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY n/a Cloisterwood State Con. T.S. Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

079576 02/17/89 029112

E-7897

MELODIE KNUDSEN

100 072
100 072
100 072
100 072
100 072
100 072
60101
67007

03/21/89 CK 91508

77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

1,342.25
320.00
175.00
170.00
396.00
170.00
12.25
99.00

1,342.25

PAID IN FULL 0.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Beatrice B. Skron

in a Ball Lane Vault/Liner Funeral date, time Fri 2/17 1:00

Church, Chapel, Graveside Chapel of St. Paul, Rincon - Mt Mortuary. Karin

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 821 top Grave SEP Row Section 3 Division/Block 8

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup Prepaid D-962 }

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes check 35.00

Total Due 35.00

Paid receipt number 37374 35.00

Balance due 0

Mortuary will bury

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 7898**

PR-593 (REV. 8-85)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 7899

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) GERTRUDE	1B. MIDDLE AGNES	1C. LAST (FAMILY) EKMAN	2. DATE OF BIRTH (MONTH, DAY, YEAR) 9-11-98	3. DATE OF DEATH (MONTH, DAY, YEAR) 2-13-89	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SAN DIEGO		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT SELF PRE-NEED RECORDS @ PINKHAM-RITCHELL MORTUARY, 808 13th ST. IMPERIAL BEACH, CA 92032	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PINKHAM-RITCHELL MORTUARY, 808 13th ST., IMPERIAL BEACH, CA			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE F-1178		
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.</small>	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>		8B. DATE SIGNED 2-15-89		
PERMIT AUTHORIZATION OF LOCAL REGISTRAR <small>THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED FEB 15 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH P.O. BOX 85222, SAN DIEGO, CA 9213885222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT		
10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE					
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)	
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)		<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)	
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY		<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY		FOR CORONER'S USE ONLY	
<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY				☐ K. DISPOSITION PENDING
COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY 821-3-8 MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA	11B. DATE INTERRED 2-17-89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>Knotty Pine - Wooden Bell Lewis</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E 7898 No 37374

From: Franklin Mitchell Address: 808 13th Street, San Diego Date: 2-17, 1989
 In: Thirty-five no Dollars (\$ 35.00)
 Payment of Leitwick A. Ekman's interment

Lot 821 Grave _____ Row _____ Section 3 Division 8
 Block _____

Invoice No. _____
 Acct. No. _____
 W.O. E-1787
 BALANCE DUE _____

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check

AC-212 (Rev. 10-57)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
CITY AUDITOR
FEB 24 1989
 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	<u>35.00</u>
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78380	
TOTAL PAID	\$	<u>35.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-14-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Blanche Darlene in a T.S. Vault Funeral, date, time Tues 2/21 1:00 Church, Chapel, Graveside Seaside : Pop. Beach Mortuary. Phil
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 970 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund	_____
Additional spaces and care fund	_____
Opening/Closing & Setup	<u>320.00</u>
Burial Container	<u>175.00</u>
Handling Fees	<u>170.00</u>
Flower vases - Marker setting fee	_____
Recording and filing fee	<u>35.00</u>
Sales taxes	<u>12.25</u>
Total Due	<u>712.25</u>
Paid receipt number	<u>37380</u> <u>712.25</u>
Balance due	<u>0</u>

*Sample with 2/12/89
be to pay - out*

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. Blanche Darlene

I hereby authorize the interment in lot I hold under deed.

Signature _____
Address _____
City (901) 382-5281 Zip Code _____
Telephone _____

Signature of recorded holder of deed _____

Work Order # **E 7899**

Invoice # _____
Acct. # _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 7899

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) BLANCHE	1B. MIDDLE NELLIE	1C. LAST (FAMILY) DARLING	2. DATE OF BIRTH (MONTH DAY YEAR) 1/10/1895	3. DATE OF DEATH (MONTH DAY YEAR) 2/13/1989	4. SEX F
5A. CITY OF DEATH MEMPHIS		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE SHELBY CO., TN		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT MAXINE GORDON—DAUGHTER 4008 MACAULAY COVE MEMPHIS, TN 38127	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PACIFIC BEACH MORTUARY—SAN DIEGO, CA 92109 4710 CASS ST.			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE 815		
ACKNOWLEDGMENT OF APPLICANT <small>I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.</small>		8A. SIGNATURE OF APPLICANT—General Director or Person Acting as Such <i>Mary Friedl</i>		8B. DATE SIGNED 2/15/89	

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT 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 \$4.00	9B. DATE PERMIT ISSUED FEB 15 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D. of</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH MEMPHIS, TN	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT VITAL RECORDS P. O. BOX 85222—SAN DIEGO, CA 92138-5222		

10. TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY MT. HOPE CEMETERY—3751 MARKET ST. SAN DIEGO, CA - SAN DIEGO COUNTY	11B. DATE INTERRED 2/21/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Joseph Stetta</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <i>199a Steel Sealers</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <i>Vault</i>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

No 37380

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

Date: 2-21 1989

From: Mavis Jordan Address: 3977 Otter Lane Memphis

Seven hundred twelve and 25/100 Dollars (\$ 712.25)

In Payment of Storage Chilling's Interment

Lot 970 Grave _____ Row _____ Section 1 Division 8 Block _____

Invoice No _____
Acct. No _____
W.O. E-7899
BALANCE DUE 4

Pre-Need Lot At Need On Acct
Pre-need Trust Cash Check

AC-212 (Rev. 10-87)

630

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CITY AUDITOR
FEB 24 1989

ISSUED BY Andrea Wood

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
77184			
Cleaning/Closing	100	320	00
77181			
Burial Containers	100	175	00
77182			
Standing Fee	100	170	00
77185			
Recording & Misc. Fees	100	35	00
77183			
Pre-Need Trust	83033		
9022			
Sales Tax	80101	12	25
78980			
TOTAL PAID	\$	712	25

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 2-24-89

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eva Barbara Kiser

in a T.S. Vault Funeral, date, time Tue 2/27 1:00

Church, Chapel, Graveside Chapel of Hope Cypress View 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 Open Inf.

Lot 604 Grave _____ Row _____ Section 10 Division/Block 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee _____

Recording and filing fee 35.00

Sales taxes 12.25

Total Due 712.25

Paid receipt number 37364 712.25

Balance due 0

I hereby certify I am the son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of essential holder of deed _____

Signature _____

Address 3222 VISTA Av.

City Canon Gardens 92045

State _____ Zip Code _____

Telephone 698-8012

Work Order # E 7900

Invoice # _____

Acct. # _____

E7900

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Eva	1B. MIDDLE Barbara	1C. LAST (FAMILY) Kyser	2. DATE OF BIRTH (MONTH, DAY, YEAR) June 22, 1894	3. DATE OF DEATH (MONTH, DAY, YEAR) Feb. 14, 1989	4. SEX Female
5A. CITY OF DEATH Ramon Grove		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE San Diego		6. NAME—RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Fred J. Kyser - Son 3222 Vista Avenue Lemon Grove, CA. 92045	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR OTHER PERSON Cypress View/Bonham Brothers San Diego, CA.			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE 670		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Charles E. Hughes</i>	8B. DATE SIGNED 2/15/89
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PERMIT AUTHORIZATION OF LOCAL REGISTRAR THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$4.00	9B. DATE PERMIT ISSUED FEB 15 1989	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Powell, M.D.</i>
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ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH San Diego County - Vital Records P.O. Box 85222, San Diego, CA. 92138	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT N/A
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TYPE OF DISPOSITION AUTHORIZED CHECK ONLY ONE

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> I. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
<input type="checkbox"/> B. CREMATION AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> F. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)	<input type="checkbox"/> J. TRANSIT (OUTSIDE OF CALIFORNIA)
<input type="checkbox"/> C. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	FOR CORONER'S USE ONLY
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY		☐ K. DISPOSITION PENDING

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego, CA.	11B. DATE INTERRED 2/17/89	11C. SIGNATURE OF PERSON IN CHARGE OF CEMETERY <i>Raymond Stetter</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY N/A Cloistered State Vault	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF TRANSIT
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT



WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 284-3151

No 37364

Date: 2-14 19 89
 From: Kathleen Kesan Address: 3922 Vista Ave, San Diego, CA
Seven hundred twelve 25/100 Dollars (\$ 712.25)
 In Payment of Eva Kesan's interment

Lot 604 Grave _____ Row _____ Section 10 Division Block 7 CITY AUDITOR

Invoice No. _____
 Acct. No. _____
 W.O. E-7900
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/ Closing	77181	<u>320 00</u>
Burial Containers	100	<u>175 00</u>
Handling Fee	77182	<u>170 00</u>
Recording & Misc. Fees	100	<u>35 00</u>
Pre-Need Trust	63033	
Sales Tax	80101	<u>12 25</u>
	78390	
TOTAL PAID	\$	<u>712 25</u>

Pre-Need Lot At Need On Acct
 Pre-need Trust Cash Check
 1013

CITY AUDITOR
 FEB 21 1989