

Billing Statement

CONTRACT No. ET2-141328



El Toro Memorial Park
 25751 Trabucco Road
 Lake Forest, CA 92630
 (949) 951-8244

Statement As Of: 02/13/2018

Account Information		Contract Information	
Account Number	137030	Contract Status	Closed
El Toro Memorial Park		Invoice Status	Paid in Full
25751 Trabucco Road,	Lake Forest, CA	Contract Total	\$0.00
	92630	Paid	\$0.00
		Balance	\$0.00

Contract Details			
Item	Description	Price	Quantity
Refund - Sell Space Back to Cemetery		0.00	1
			Total
			\$0.00

Invoices / Payments		
Date	Description	Charges
Due: 02/13/2018	Invoice 141330 for Contract: 141328	\$0.00
		Payments
		\$0.00

Current Invoice	
Payment Due Date	
Amount Due	\$0.00

Board of Trustees

Noel Hatch
Maribel Marroquin
William E. Nelson
Kelly Rivers
Cynthia Ward



District Office
25751 Trabuco Road
Lake Forest, CA 92630-4348
Phone: (949) 951-9102
Fax: (949) 951-0236
www.occemeterydistrict.com

Tim Deursch
General Manager

ORANGE COUNTY CEMETERY DISTRICT

January 4, 2018

Mr. John Langevin
73450 Country Club Drive, Space 283
Palm Desert, CA 92260

RE: Refund for Interment Space and Pre-Need Purchases
El Toro Memorial Park
EG-16-77-9 & 10

Dear Mr. Langevin,

Enclosed please find the Refund Form you need to complete and have notarized. You will need to complete the section that is located just below "Total Refund". The name you list is who the check will be made payable to. The address you list is where Orange County will mail the refund check.

In addition to this completed and notarized form, you will need to submit a copy of the death certificate for Dorothy Langevin. Please note, if the death certificate does not list her last name as Langevin, you will also need to provide some kind of documentation that demonstrates that the person listed on the death certificate is the same person as Dorothy Langevin.

If you can find the original Certificate of Burial Rights and return that with the notarized form and the death certificate that would be very helpful as well.

Once we receive all of these documents we will submit a request for payment to the County of Orange and it will take them approximately 30 days to cut a check and get it in the mail to you.

If you have any questions, please don't hesitate to contact us.

Thank you,

A handwritten signature in cursive script that reads "Mary Funk".

Mary Funk
Communications Manager
Orange County Cemetery District

Anaheim Cemetery
1400 E. Sycamore St.
Anaheim, CA 92805
(714) 535-4928

CEMETERY LOCATIONS

El Toro Memorial Park
25751 Trabuco Road
Lake Forest, CA 92630
(949) 951-8244

Santa Ana Cemetery
1919 E. Santa Clara Ave.
Santa Ana, CA 92705
(714) 953-2959

REFUND

Anaheim Cemetery
1400 E. Sycamore St.
Anaheim, CA 92805

El Toro Memorial Park
25751 Trabuco Rd.
Lake Forest, CA 92630

Santa Ana Cemetery
1919 E. Santa Clara Ave.
Santa Ana, CA 92705

DATE: 1-4-18

REFERENCE: Section EG Block 16 Lot 77 Space(s) 9410

Owner of Record: John and/or Dorothy Langevin

Receipt # 33519 Dated: 7-30-03

To the Orange County Cemetery District:

I/We, the undersigned lot owner of the above referenced space(s), do hereby request a refund of payment for space(s) and/or preneed services. As proof of ownership and the right to request this refund, I surrender the original Certificate of Burial Rights. I hereby certify that this claim is true and correct and that payment has not been received. If the person requesting the refund is not the owner of record, proof must be furnished to the Orange County Cemetery District of the right to receive this refund.

Grave Space \$ 2,315.00

Endowment Care fee NO REFUND

Opening/Closing 900.00

Liner/Vault/Urn Vault/Vase 3161.94

Marker/Vase Setting Fee

Sales Tax 78.06

Other

TOTAL REFUND \$ 3,605.00

Name: _____
Print name

Signature: _____

Address: _____
Street address

City _____ State _____ Zip Code _____

State of California)
County of _____) ss.
On _____, before me, _____
personally appeared _____
Name(s) of Signer(s) _____
Name and Title of Notary Public _____

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

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL.

Place Notary Seal Above _____
Signature _____
Signature of Notary Public _____

ORANGE COUNTY CEMETERY DISTRICT

25751 TRABUCO ROAD
LAKE FOREST, CA 92630
(949) 951-9102

ANAHEIM CEMETERY
EL TORO MEMORIAL PARK
SANTA ANA CEMETERY

25751 TRABUCO ROAD
LAKE FOREST, CA 92630
(949) 951-9102

Last

Middle

First

DECEASED

SECTION FG BLOCK 16 LOT 77 SPACE 9410

MALE VETERAN MONTH DAY YEAR DOUBLE
 FEMALE BORN UPPER BURIAL
 INFANT DIED LOWER BURIAL
 PROPERTY OWNER INTERRED CREMATION
 RESIDENT AGE
 ELIGIBLE NON-RESIDENT TIME

FUNERAL DIRECTOR _____ PLACE OF BIRTH _____
 _____ PLACE OF DEATH _____

LOT OWNER	DESCRIPTION	AMOUNT
<u>John Miller Dorothy Langenvin</u>		
SPACE <input checked="" type="checkbox"/> ADULT <input type="checkbox"/> INFANT <input type="checkbox"/> CREMATION <input type="checkbox"/> NICHE	<u>\$ 900.00 XL</u>	<u>1800</u>
ENDOWMENT CARE FUND <input type="checkbox"/> REGULAR <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> INFANT <input type="checkbox"/> OPEN/CLOSE <input type="checkbox"/> CREMATION <input type="checkbox"/> NICHE <input type="checkbox"/> SCATTER	<u>\$ 150.00 XL</u>	<u>300</u>
<input type="checkbox"/> LINER # _____ <input type="checkbox"/> VAULT # _____		
<input type="checkbox"/> URN VAULT <input type="checkbox"/> CEMENT BORDER <input type="checkbox"/> NICHE PLATE		
SETTING <input type="checkbox"/> MARKER <input type="checkbox"/> VASE		
Fee <u>pre need o/c Reg. \$450.00 XL</u>		<u>900</u>
<u>" " Burial Liners \$100.97 XL</u>		<u>361.94</u>

Sales Tax	
* Subject to Sales Tax	<u>28.06</u>
Totals	<u>3390</u>
Tic # <u>76</u>	<u>3390</u>
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____	
<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS	
BALANCE DUE	<u>0</u>

Name John Langenvin
 Street 711 AVENIDA MAJORCA UNIT 'C'
 City LAGUNA WOODS State CA. Zip 92653
 Res Phone 949 837-8044 Bus. Phone ()

Computer Records:

PLOT BOOK
 BURIAL PERMIT
 BURIAL RECORD
 PRE-NEED
 BURIAL BOOK
 GRAVE OWNERSHIP
 BURIAL RECORD
 PRE-NEED
 GRAVE BOOK

By [Signature] Date 7/30/03

No 33519
 Date 7/30/03

White - Cemetery Office Canary - District Office Pink - Customer