

paid

DAILY WORK ORDER

DAY Mon. DATE Mar. 4th SERVICE TIME 10:00 AM/P.M.

Graveside Church Mortuary Chapel *Approx. Arrival Time _____

Name of Deceased Scott Mendoza Mortuary Ø

Section CS Block _____ Lot 26 Space 4

Regular Lower Upper Scattering Niche Urn Vault

Urn Garden Sissel #5 Wilbert #5 United Mem. Cremation

Mortuary Vault Bell Liner Lawn Crypt Other

SET UP: Standard Graveside Delivery Witness Delivery Non-Witness

Other Disinterment / Reinterment

Comments: we are moving Scott Mendoza as well as the headstone from CS 26-4 to CS 133-9
brother Manuel Mendoza to witness.

Checked By _____ Set Up By _____

Temporary Made _____ Map Book Marked _____ Interment Order Signed _____

Fees Paid _____ Permit Received by Staff _____ Receipt Number _____

Date _____

EL TORO MEMORIAL PARK

SANTA ANA CEMETERY

ANAHEIM CEMETERY

1/16/2009

INTERMENT ORDER TO STAFF

DISINTERMENT ORDER

TO: ORANGE COUNTY CEMETERY DISTRICT

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

First Middle Last
Scott Mendoza

from
SECTION CS BLOCK LOT 2U SPACE 4

[] ANAHEIM CEMETERY DAY Monday
[X] EL TORO MEMORIAL PARK DATE March 4th
[] SANTA ANA CEMETERY TIME 10am

REMOVED TO: different grave location to be next to father in CS along with headstone and flower vase.

Funeral Director: 

Lot Owner: Manuel Mendoza / Juana Mendoza, n.o.k.

I hereby certify that I am the brother / mother (relationship) of the above named decedent and this is your authority to disinter the remains of said decedent. I hereby certify and represent that I have the right to make this authorization and I agree to hold the Orange County Cemetery District harmless from liability on account of said authorization and disinterment.

Signature 

Street 9 Calabria Lane

City Foothill Ranch State CA Zip 92610

Res. Phone (949) 613-3596 Bus. Phone ()

Receipt No. 230730 By RH Date 2.06.2024

To: ORANGE COUNTY CEMETERY DISTRICT

02.06.2024

Date

EXCHANGE OF PLOTS AND/OR PRE-NEED SERVICES

in El Toro Memorial Park Cemetery/Memorial Park

FROM: Section C5 Block _____ Lot 211 Space 4
TO: Section C5 Block _____ Lot 133 Space 9

	Fees Paid	New Fees	Price Difference (+ or -)
Space	\$ <u>1400.00</u>	\$ <u>3180.00</u>	\$ <u>0</u>
Endowment	\$ <u>200.00</u>	\$ <u>625.00</u>	\$ _____ *
Open/Close	\$ <u>550.00</u>	\$ <u>950.00</u>	\$ _____
Venetian Vault	\$ <u>900.93</u>	\$ <u>12710.00</u>	\$ _____
marker set fee	\$ <u>125.00</u>	\$ <u>225.00</u>	\$ _____
Sales Tax	\$ <u>103.51</u>	\$ <u>101.41</u>	\$ _____
second flower vase	\$ <u>18.54</u>	\$ <u>32.48</u>	\$ _____
TOTAL	\$ <u>3258.00</u>	\$ <u>4389.89</u>	\$ _____
Receipt #. . .	<u>30752</u>	<u>270730</u>	
Dated.	<u>7.18.2004</u>	<u>2.06.2024</u>	

*Amount must be equal or more than the original fee paid. No reduction allowed.

[Signature]
Signature of Lot Owner
9 Calabria Ln.
Street/Mailing Address
Foothill Ranch, CA. 92610
City State Zip

Approved: Orange County Cemetery District
By: _____
(Cemetery Manager)

(white - District)
(canary - Cemetery)
(pink - customer)

ORANGE COUNTY CEMETERY DISTRICT

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

ANAHEIM CEMETERY
EL TORO MEMORIAL PARK
SANTA ANA CEMETERY

DECEASED Scott ^{First} Mendoza ^{Last}
SECTION 5 BLOCK 26 LOT 4 SPACE 4 Scott #11

MALE FEMALE INFANT
 PROPERTY OWNER RESIDENT ELIGIBLE NON-RESIDENT

VETERAN

BORN	MONTH	DAY	YEAR	<input type="checkbox"/> DOUBLE <input type="checkbox"/> REGULAR BURIAL <input type="checkbox"/> UPPER BURIAL <input checked="" type="checkbox"/> LOWER BURIAL <input type="checkbox"/> CREMATION
DIED	07	16	2006	AGE
INTERRED	07	21	2006	TIME 12:00

FUNERAL DIRECTOR _____ PLACE OF BIRTH Anaheim, CA
Harbor Lawn PLACE OF DEATH Santa Ana, CA
LOT OWNER Manuel Mendoza

DESCRIPTION	AMOUNT
SPACE <input checked="" type="checkbox"/> ADULT <input type="checkbox"/> INFANT <input type="checkbox"/> CREMATION <input type="checkbox"/> NICHE	1400
ENDOWMENT CARE FUND	200
OPEN/CLOSE <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> INFANT <input type="checkbox"/> CREMATION <input type="checkbox"/> NICHE <input type="checkbox"/> SCATTER	550
<input type="checkbox"/> LINER # _____ <input checked="" type="checkbox"/> VAULT # <u>ventilation</u> <input type="checkbox"/> URN VAULT <input type="checkbox"/> FLOWER VASE	900.95
SETTING FEE <input type="checkbox"/> CEMENT BORDER <input type="checkbox"/> NICHE PLATE <input checked="" type="checkbox"/> MARKER <input type="checkbox"/> VASE	125.00
<u>second Flower Vase</u>	18.56
Sales Tax	63.51

* Subject to Sales Tax
Tic # 1072 visa

3258.00 TOTAL	3158.00
AMOUNT RECEIVED	3258.00
BALANCE DUE	0

CASH CHECK #

MR MRS MISS MS

Name MANUEL MENDOZA
Street 9 CALABRIA LANE
City FOOTBALL PARK State CA Zip 92610
Res Phone 949 300-2373 Bus. Phone () SAME

<input type="checkbox"/> PLOT BOOK	Computer Records:
<input type="checkbox"/> BURIAL PERMIT	<input type="checkbox"/> BURIAL PERMIT
<input type="checkbox"/> BURIAL RECORD	<input type="checkbox"/> C OR BR #
<input type="checkbox"/> PRE-NEED	<input type="checkbox"/> GRAVE OWNERSHIP
<input type="checkbox"/> BURIAL BOOK	<input type="checkbox"/> BURIAL RECORD
<input type="checkbox"/> GRAVE BOOK	<input type="checkbox"/> PRE-NEED

NO 38752
By [Signature] Date 7/18/06

INTERMENT ORDER

TO: ORANGE COUNTY CEMETERY DISTRICT

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

Scott ^{First} Mendoza ^{Last} Scott ^{Middle}

LAST RESIDING AT _____

IN SECTION C5 BLOCK - LOT 26 SPACE 4

- ANAHEIM CEMETERY REQUESTED DAY* Friday REGULAR BURIAL
 EL TORO MEMORIAL PARK REQUESTED DATE* 7/21/06 UPPER BURIAL
 SANTA ANA CEMETERY REQUESTED TIME* 12:00 LOWER BURIAL
 INFANT
 CREMATION
 SCATTER GARDEN*

*NOT BINDING ON THE DISTRICT

FUNERAL DIRECTOR Harbor Lawn Mt. Olive

LOT OWNER Manuel Mendoza

* I understand the fact that once placed into the scatter garden the cremated remains are commingled with other remains and cannot be recovered at a later date.

(Initials)

REMARKS _____

I hereby certify that I am the Brother (Relationship) of the above named decedent and this is your authority to make disposition of the remains of said decedent as above indicated. I hereby certify and represent that I have the right to make this authorization, that the decedent is eligible for burial in a cemetery in Orange County Cemetery District under the current provisions of the California Health and Safety Code, and I agree to hold Orange County Cemetery District harmless from liability on account of said authorization and interment.

Signature [Signature]

Street 9 California Lane

City Foothill Ranch State Ca Zip 92610

Res. Phone 949 300-2373 Bus. Phone ()

BURIAL RIGHT OWNER MUST SIGN IF NOT A RELATIVE:

I hereby certify that I am the owner of the burial right to the above described interment space, and I authorize its use for the interment of the herein named deceased.

Signature _____

Ref. Receipt No. 38752 By [Signature] Date 7/18/06

yellow - Cemetery Office

blue - District Office

white - Customer

ORANGE COUNTY CEMETERY DISTRICT

FIRST CALL PROCESSING CHECKLIST

Staff name: Robert Decedent: Scott Mendoza

Service Date: Mon, March 4th Service Time: 10am

First Call Received: Date: 2/07 Time: 11am

Appointment Date: --- Time: ---

Date of Birth: 01-30-1996 Next of Kin: Juana Mendoza

Date of Death: 07-16-2006 Relationship: Mother

Place of Death: --- Address: 215 Chavnick Circle
Lake Forest, CA 92650

Phone #: (949) 613-3596

How did you hear about the cemetery? --- Mortuary: Manuel

Discussed Sales & Interment Process, Location selected
Location: CS 216-4 CS

Verified Database/Maps/Marked Space sold in Map Book R# 38752 0718-2006

Verified that Service Time is Available Pending - Yes or No: ---

Number of People Expected for Graveside: ---

Review /Confirm Scheduling Time/Day with Family/Mort. Date: ---

Collect Payment/Pre-Need PN# --- Date: ---

Family Signed Invoice & Interment Order

Family Provided with Rules & Set-Up Information

Vault/Bell Liner/Urn Vault Ordered Ordered (V or L): ---

Temporary Marker Printed & Placed on Space Notes: ---

Paperwork & Name Given to Leadwork/Interment Crew

Confirm location & that Interment Site is Set-up

At-Need Interment Invoice

INVOICE No. ET2-230730
 INVOICE DATE February 29, 2024



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

RESPONSIBLE PARTY: Manuel Mendoza 9 Calabria Ln. Foothill Ranch, CA 92610	DECEASED NAME Scott Mendoza
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LOCATION
El Toro Memorial Park Location: Sec:CS Block: Lot:133 Space:9

OWNERS
Manuel Mendoza Primary 9 Calabria Ln. Foothill Ranch, CA 92610

RECEIPT NO	ET2-230730				
BURIAL DATE	SERVICE TIME	SERVICE TYPE	FUNERAL HOME / MORTUARY		
2006-07-21	12:00pm	Graveside	Harbor Lawn-Mt. Olive Memorial Park & Mortuary		
ITEM CODE	DESCRIPTION		PRICE	QTY	SUBTOTAL
75498	Disinterment Fee - Casket		\$1400.00	1	\$1,400.00
75578	Interment Service Fee - Casket - No Set-up/Witness		\$700.00	1	\$700.00
75536	Marker Replacement		\$160.00	1	\$160.00
75552	Exchange Fee		\$110.00	1	\$110.00

Sales Amount **\$2,370.00**
 Tax \$0
Total due \$2,370.00

PAYMENTS

METHOD OF PAYMENT	CHECK NUMBER	PAYMENT REFERENCE	PAID DATE	PAYMENT AMOUNT
Credit Card		231462	2024-02-29	\$2,370.00

Amount Received	\$2,370.00
Balance Due	\$0.00

AT-NEED SALE

Rules & Regulations:

- a) Flowers or items placed on graves will be removed every Wednesday For holiday flower removal schedule, please check bulletin board.
- b) The District nor its employees will not be responsible for lost or stolen flowers or items.
- c) Visiting hours are from 8:00am to 5:00pm. every day of the year
- d) All markers must be placed flush to the surface of the ground. The district no longer allows upright markers.
- e) Please refer to the cemetery bulletin board for current information.

I received a copy of the District's Rules and Regulations.

X _____