G-10

PERMIT FOR DISPOSITION OF HUMAN REMAINS

73923.

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
	DOUGLAS	MAC ARTHUR	SNIDER	January 22, 1978	1400

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HOURS HOURS	IF UNDER 24 HOURS MINUTES
Male	White	American	June 17, 1942	35 YEARS				

TYPE OF PERMIT. CIRCLE 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

FOR THE PURPOSE OF ISSUING THIS PERMIT DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE.

PLACE OF DEATH	21A. PLACE OF DEATH	21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION)
	Cedars-Sinai Medical Center	8720 Beverly Boulevard
	21C. CITY OR TOWN	**21D. COUNTY**
	Los Angeles	Los Angeles

CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
	N/A		▶ N/A

INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED	COUNTY
	N/A	N/A

CREMATED REMAINS OUTSIDE CEMETERY	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION
	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 ▶ N/A DATE SIGNED N/A

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS
	N/A

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	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		2.00	JAN 27 1978	▶ Monson L. Chamberlin Jr.

CERTIFICATION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
	N/A (ENTER DATE)	▶

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 TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR TO THE LOCAL REGISTRAR OF THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA.

FUNERAL DIRECTOR AND CEMETERY	36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER
	Burial	1/31/78	~~Vermontville Pinelawn~~ Lakeview Cemetery, Nashville, Michigan	3298

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. FUNERAL DIRECTOR LICENSE NO. AND SIGNATURE	42. EMBALMER'S SIGNATURE
J.T. Oswald Mortuaries NH	1047 Norma Dodd	Edwin L. Koll

FORM VS-9 (REV. 1-78)