

(Lynn) 678-9149

### Cemetery Reserve/Burial Form

#### Decedent

Lopez  
Last Name  
Helen  
First & Middle Name

Reservation

Burial

Maiden/Alternate Last Name: Valencia Nickname: Poo Bear

Birth Date: Sept. 1, 1947 Death Date: Nov. 19, 2014 Burial Date: 9/11/15

Time of Mass: \_\_\_\_\_ Time of Burial: between 9:00 - 10:00 am

#### REPRESENTATIVE / RESPONSIBLE PARTY FOR PAYMENT

Representative: Randall Lutz Relation to Decedent: Companion

Address: 10-2 Campbell Avenue

Phone Number: 432-2545 Cell Number: Ø

Email address: Ø

<input type="checkbox"/> Plot Previously Reserved and Paid For	\$000.00	<b>SPECIAL NOTES:</b> <u>City will open only</u> <hr/> <u>P-317-30</u> <hr/> <b>BURIAL CHECK LIST</b> <input type="checkbox"/> Filled out Burial Sheet <input type="checkbox"/> Send Copy to Finance <input type="checkbox"/> Send Copy to Dawn Beeks <input type="checkbox"/> Payment Received <input type="checkbox"/> Work Order Made <input type="checkbox"/> Maps attached to work order <input type="checkbox"/> Maps sent to Family <input type="checkbox"/> Recorded in Ledger <input type="checkbox"/> Recorded on Master Map <input type="checkbox"/> Burial Sheets placed in book
<b>RESIDENT</b>		
<input type="checkbox"/> Full Size Plot Purchase	\$500.00	
<input checked="" type="checkbox"/> Cremain Plot Purchase	\$250.00 <i>Bal 50.00</i>	
<b>NON-RESIDENT</b>		
<input type="checkbox"/> Full Size Plot Purchase	\$600.00	
<input type="checkbox"/> Cremain Plot Purchase	\$300.00	
<b>SERVICES</b>		
<input type="checkbox"/> Open & Close: Full Size (Machine)	\$300.00	
<input type="checkbox"/> Open & Close: Full Size (Hand Dug)	\$600.00	
<input type="checkbox"/> Open & Close: Cremains	\$150.00	
<input type="checkbox"/> Open & Close: Baby Plot (Machine)	\$150.00	
<input type="checkbox"/> Open & Close: Baby Plot (Hand Dug)	\$300.00	
<input type="checkbox"/> Open Only: Full Size (Machine)	\$150.00	
<input checked="" type="checkbox"/> Open Only: Cremains	\$75.00 <i>Bal</i>	
<b>OTHER</b>		
<input type="checkbox"/> Double Deep	\$100.00	
<input type="checkbox"/> Weekend or Holiday Burial	\$100.00	
<input checked="" type="checkbox"/> Maintenance Fee	\$100.00	
<input type="checkbox"/> Less than 2 days notice (\$100/day x ___ days)	\$	
<b>TOTAL: \$ <u>405.00</u></b>		

Paid on: \_\_\_\_\_ Check  Cash / Other: \_\_\_\_\_  
 Check/Reference No.: \_\_\_\_\_

GRAVESITE

P P

317

Section Letter:

Row No.

337

Plot No.

30

Cremains / Full Size Coffin / Plot - 8 cremains / Other: \_\_\_\_\_

To be buried with: Randall Lutz Relation: companion

Is other person already buried? Yes / No / To be buried at same time

Grave to be dug double deep: Yes / No / Already is

**Additional Info:**

---



---



---



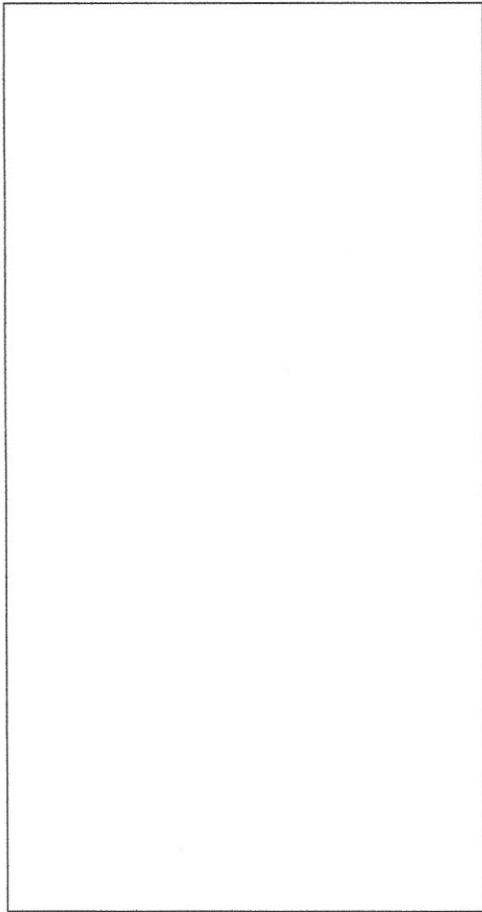
---



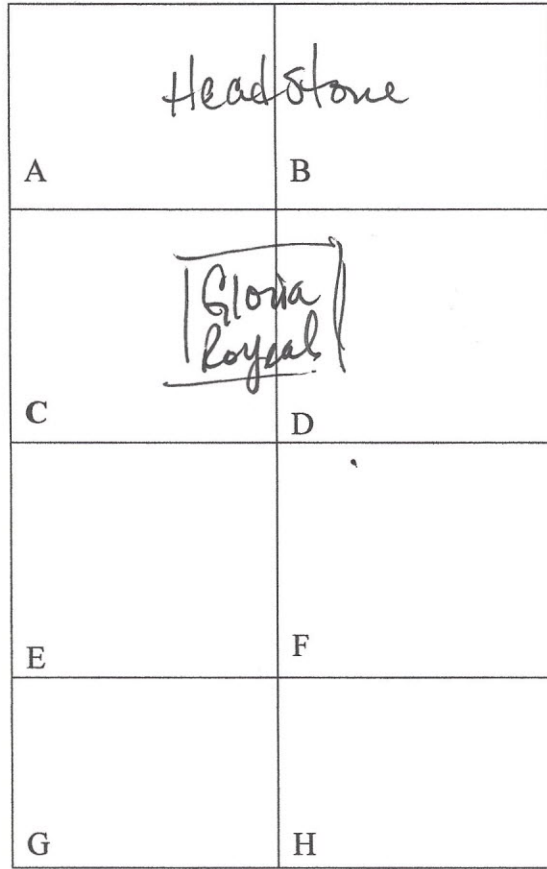
---

Index Card (If any)

# Plot Plan



4x8 Plot \_\_\_\_\_



8 Cremains plot \_\_\_\_\_

Approved by Family Member: \_\_\_\_\_

Print

*Ramell J. Lee*

Sign

\_\_\_\_\_   
Date

Approved by Public Works \_\_\_\_\_

Print

\_\_\_\_\_   
Sign

\_\_\_\_\_   
Date



**CERTIFICATION OF VITAL RECORD**

**STATE OF ARIZONA**

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
**CERTIFICATE OF DEATH**

State File NO. 102- 2014-049988

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) <b>HELEN LOPEZ</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>NOVEMBER 19, 2014</b>	
4. SEX <b>FEMALE</b>	5. SOCIAL SECURITY NUMBER: <b>527-35-8211</b>	6. DATE OF BIRTH <b>09/01/1947</b>	7. AGE <b>67</b>	8. UNDER 1 YEAR 8. MONTHS    9. DAYS    10. HOURS    11. MINUTES	
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL			13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER		
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): <b>10-2 CAMPBELL AVE</b>			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: <b>BISBEE 85603</b>		16. COUNTY OF DEATH: <b>COCHISE</b>
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>BISBEE, ARIZONA</b>		18. MARITAL STATUS AT TIME OF DEATH: <b>WIDOWED</b>		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: <b>10-2 CAMPBELL AVE</b>		21. CITY AND COUNTY: <b>BISBEE, COCHISE</b>		22. STATE <b>ARIZONA</b>	23. ZIP CODE <b>85603</b>
25. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input checked="" type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY)		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION: <b>NEVER WORKED</b>		29. FATHER'S NAME (FIRST, MIDDLE, LAST) <b>ARTURO VALENCIA</b>		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) <b>MARIA VARGAS</b>	
31. INFORMANT'S NAME <b>RANDALL LEROY LUTZ</b>		32. RELATIONSHIP <b>COMPANION</b>	33. INFORMANT'S MAILING ADDRESS: <b>10-2 CAMPBELL AVE, BISBEE, ARIZONA 85603</b>		
34. NAME AND ADDRESS OF FUNERAL FACILITY: <b>ALEX ESPINOSA BISBEE FUNERAL HOME 1094 HWY 92, BISBEE, AZ</b>			35. FUNERAL DIRECTOR: <b>ALEX E ESPINOSA, FUNERAL DIRECTOR</b>		36. LICENSE NUMBER: <b>F1138</b>
37. METHOD(S) OF DISPOSITION: <b>CREMATION</b>		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: <b>EL ENCANTO MEMORIAL CREMATORY - DODGE, TUCSON, ARIZONA</b>		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: <b>NONE</b>	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
IMMEDIATE CAUSE OF DEATH	40. A <b>CARDIOPULMONARY ARREST</b>			41. APPROXIMATE INTERVAL: <b>UNKNOWN</b>	
DUE TO OR AS A CONSEQUENCE OF:	42. B <b>OVARIAN CANCER</b>			43. APPROXIMATE INTERVAL: <b>UNKNOWN</b>	
DUE TO OR AS A CONSEQUENCE OF:	44. C			45. APPROXIMATE INTERVAL:	
DUE TO OR AS A CONSEQUENCE OF:	45. D			47. APPROXIMATE INTERVAL:	
<b>CAUSE OF DEATH PART II</b>					
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:			49. INJURY? <b>NO</b>	50. INJURY AT WORK? <b>NO</b>	51. MANNER OF DEATH <b>NATURAL DEATH</b>
			53. WAS AN AUTOPSY PERFORMED? <b>NO</b>		52. TIME OF DEATH <b>UNKNOWN</b>
			54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		
<b>CAUSE AND MANNER OF DEATH CERTIFICATION</b>					
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.		55. NAME OF PERSON COMPLETING CAUSE OF DEATH: <b>DAVID J. KNAPP, M.D.</b>		56. DATE CERTIFIED: <b>11/28/2014</b>	
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		57. CERTIFIER'S ADDRESS: <b>101 COLE AVE, BISBEE, AZ 85603</b>		58. NAME OF REGISTRAR: <b>JENNIFER STEIGER</b>	
				59. DATE REGISTERED: <b>12/29/2014</b>	

DATE ISSUED: 12/29/2014

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA  
Revised 12/2012.

*[Signature]*  
**KHALEEL HUSSAIN**  
ASSISTANT STATE REGISTRAR

Arizona  
Department of  
Health Services

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT



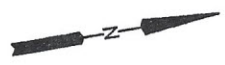
SECTION P ROWS 275-317



- R275 PAVOLVICH
- R276 TUCKER
- R277 KEAGLE
- R278 CAIN
- R279 BLUNT
- R280 MURRAY
- R281 WATTERS
- R282 BAKER
- R283 MARTIN
- R284 TERRELL
- R285 BRANDT
- R286 RENNER
- R287 ISABELL
- R288 BAYS
- R289 HEWITT
- R290 MORIN
- R291 GRAHAM
- R292 MORRIS-RES
- R293 MORRIS-RES
- R294 BERQUIST
- R295 VANDERFORD/CATERO
- R296 TORRES/DOMINGUEZ
- R297 COATS
- R298 BENDIXEN/HURNDY
- R299 SEPIK
- R300 DABOVICH
- R301 FEUCHERE
- R302 AVAIL CREM
- R303 KENNAUGH
- R304 SHELTON
- R305 HAYS
- R306 BULLARD
- R307 CAMPBELL
- R308 PARKER
- R309 UNK
- R310 BANKS
- R311 GARETTO/FRENCH
- R312 PADILLA
- R313 HARGIS
- R314 BARKER
- R315 JAY ?
- R316 JACK
- R317 BUSK-RES

THESE FOUR ROWS (A,B,C,D)  
ARE ALL PART OF ROW 286



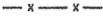
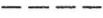
P-317-31



# EVERGREEN CEMETERY, BISBEE/LOWELL, AZ.

REVISED: 29 DECEMBER 2014

## LEGEND:

-  CEMETERY ROADWAYS
-  GATE
-  FENCE
-  OLD PLOT MAP SECTIONS (OPM)

ROWS: GO FROM WEST TO EAST  
PRESENTLY THERE ARE NO ROW MARKER SIGNS.  
FOR EASIER SEARCH OF ROW NUMBERS WE LISTED  
THE LAST NAME IN PLOT 1 IF AVAILABLE.

GRAVE PLOTS: GO FROM SOUTH TO NORTH  
EXCEPT FOR SECTIONS O, P, Q AND R WHICH  
GO FROM NORTH TO SOUTH

THERE CAN BE MORE THAN ONE PERSON IN A PLOT,  
DUE TO A DOUBLE DEEP PLOT OR CREMAINS.

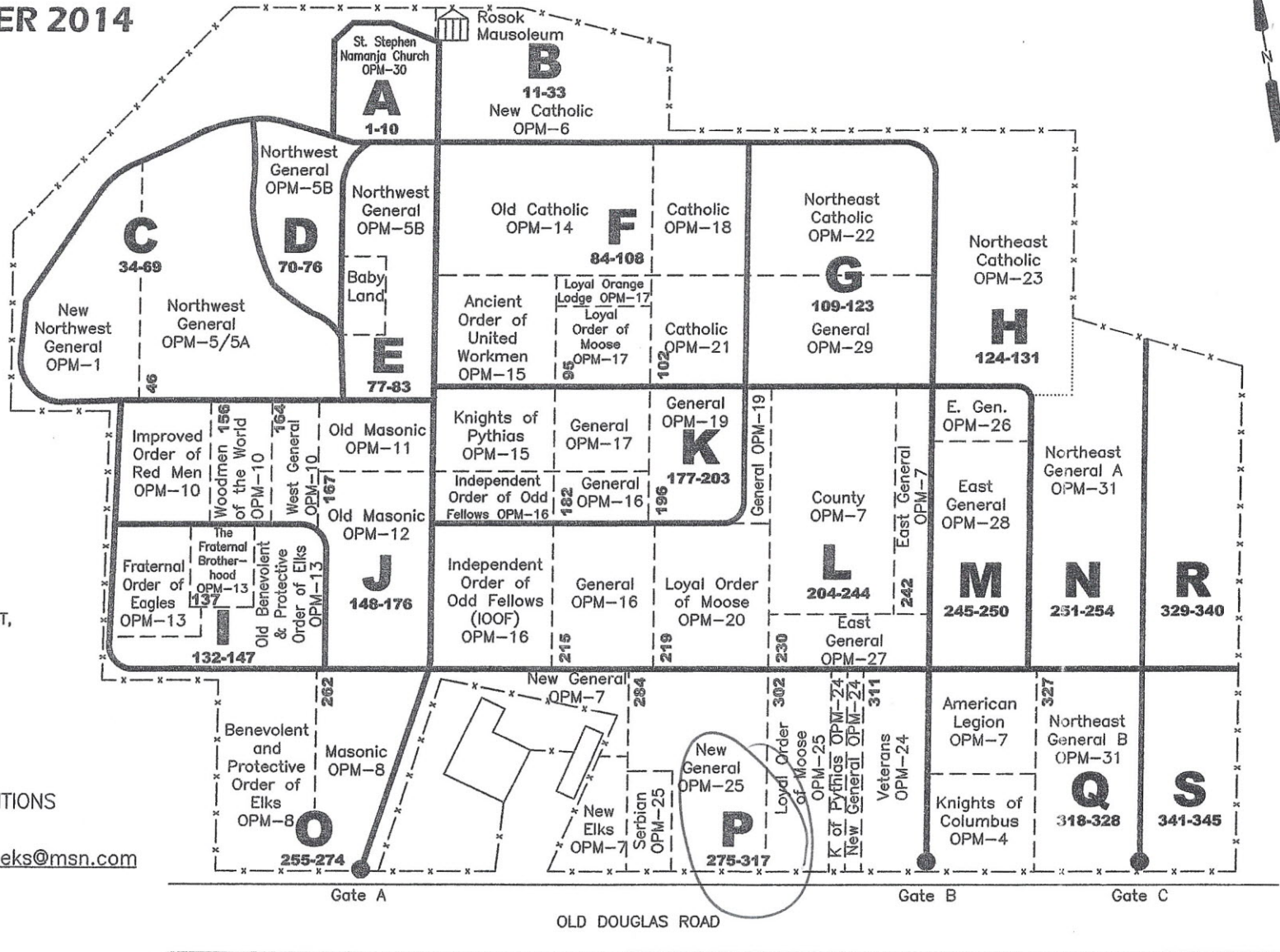
FOR QUESTIONS, CORRECTIONS OR ADDITIONS  
PLEASE CONTACT:

DAWN BEEKS (520) 249-5595, [dawnbeeks@msn.com](mailto:dawnbeeks@msn.com)

WES PATIENCE (520) 432-4343

PETE GARCIA (520) 227-2605

PUBLIC WORKS (520) 432-6002





BURIAL WORK ORDER NO. 15 DATE: 9-8-15

ASSIGNED TO: Streets BY: AH

DECEDENTS NAME: Helen Lopez

DATE OF BURIAL: 9/11/15 Mon 9-10 am

WORK TO BE COMPLETED BY: \_\_\_\_\_

SECTION NAME: \_\_\_\_\_

SECTION LETTER: P ROW: 317 PLOT: 30

CREMAINS FULL SIZE COFFIN OTHER: \_\_\_\_\_

IS THIS A RESERVED PLOT: YES (NO)

IF SO, FOR WHO: N/A

TO BE BURIED WITH: N/A

RELATION: \_\_\_\_\_

IS THIS PERSON ALREADY BURIED:

YES (NO) / TO BE BURIED AT SAME TIME

GRAVE TO BE DUG BY: (HAND) MACHINE

GRAVE DEPTH TO BE DUG:

CREMAINS / FULL SIZE COFFIN / DOUBLE DEEP

NOTES: Open only

WORK COMPLETED BY: Streets ( )

DATE COMPLETED: 9-10-15

City of Bisbee  
118 Arizona Street  
Bisbee AZ 85603 (520) 432-6000

Receipt No: 5.248970 Aug 6, 2015

LOPEZ, HELEN/ ~~8/31/31~~

Previous Balance:	.00
GENERAL FUND FEES	
CEMETERY MAINTENANCE FEES	100.00
10-34-10510	
CEMETERY MAINTENANCE FEES	
Total:	100.00
CASH	100.00
Total Applied:	100.00
Change Tendered:	.00

Duplicate Copy  
08/06/2015 02:46PM

City of Bisbee  
118 Arizona Street  
Bisbee AZ 85603 (520) 432-6000

Receipt No: 5.249766 Sep 1, 2015

LOPEZ, HELEN/LUTZ, RANDALL

Previous Balance:	.00
GENERAL FUND FEES	
CEMETERY PLOT FEES	200.00
10-34-10501	
CEMETERY PLOT FEES	
Total:	200.00
CASH	200.00
Total Applied:	200.00
Change Tendered:	.00

Duplicate Copy  
09/01/2015 09:09AM

City of Bisbee  
118 Arizona Street  
Bisbee AZ 85603 (520) 432-6000

Receipt No: 5.249891 Sep 8, 2015

LOPEZ, HELEN/LUTZ, RANDALL

Previous Balance:	.00
GENERAL FUND FEES	
CEMETERY PLOT FEES	50.00
10-34-10501	
CEMETERY PLOT FEES	
GENERAL FUND FEES	
CEMETERY OPEN/CLOSE	75.00
21-36-10500	
CEMETERY OPEN/CLOSE FEES	
Total:	125.00
CASH	125.00
Total Applied:	125.00
Change Tendered:	.00

09/08/2015 11:03AM