

ORANGE COUNTY CEMETERY DISTRICT
MARKER PURCHASE ACKNOWLEDGEMENT AND DISCLOSURE

☒ 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

Customer/Purchaser Name Richard Dukart Phone Number (909) 851-2861 Email sdleandywrapper@gmail.com
Address PO Box 5350 City Quartzsite State AZ Zip Code 85359

Inscribed Name on Marker

Anton Kessel
Legal Name of Deceased (First, Middle, Last) Interment Space: Section MA Block A Lot 52 Space 1

Lot Owner (As listed in cemetery records)

Karen Sue Relationship to Deceased Daughter
Marker Company Phone Number

Address City State Zip Code

Deliveries are accepted Monday through Friday between the hours of 8:30 am and 3:30 pm (excluding holidays). The marker delivery company or family must check in at the office and provide a completed copy of this form, a proof of photo of the marker, and a completed photo waiver form, if applicable. Markers are installed on a first-come, first-served basis and can take up to 2-4 weeks to be set on the interment location. Customer/Lot Owner is responsible for paying the marker installation fee prior to installation. Witnessing of the marker installation is not allowed.

I Richard Dukart, the Purchaser of the marker/niche plate, do hereby acknowledge that I am a lot owner of the interment space/niche listed above, or if I am not a lot owner, I acknowledge that I have purchased this marker/niche plate with the permission of a lot owner of record, as indicated below and notarized on the attached notary acknowledgement. If I do not have the permission of a lot/niche owner, I understand that I have purchased the marker/niche plate at my own risk and that the marker/niche plate may be removed at any time for any reason whatsoever upon request of a lot/niche owner. Purchaser hereby holds the Orange County Cemetery District, El Toro Memorial Park, Santa Ana Cemetery and/or the Anaheim Cemetery (District/Cemetery) harmless from any liability whatsoever in the case the marker/niche plate is removed at the request of a lot/niche owner.

☐ I acknowledge that I do not have consent of a lot owner of the space/niche to place the purchased marker.

* _____
Purchaser (Signature)

* _____
Date

TO BE FILLED OUT BY LOT OWNER

I, Karen Sue Elengason, the above-named lot owner, do hereby authorize Richard Dukart to purchase, design and/or make payment for the marker/niche plate for the deceased listed above on the interment space or niche.

* Karen S. Elengason
Lot Owner (Signature)

* 9-5-24
Date

**IF THE SIGNING OF THIS DOCUMENT IS NOT WITNESSED BY A CEMETERY REPRESENTATIVE,
IT MUST BE NOTARIZED.**

MONTANA

**IDENTIFICATION
CARD**

USA

NOT FOR FEDERAL IDENTIFICATION

NOT A LICENSE TO DRIVE



4a ID #: **AAA0000810567**
3 DOB: **02/15/1954**
4b EXP: **02/15/2031**
4a ISS: **03/01/2023**

15 SEX: **F**
16 HGT: **5'-03"**
17 WGT: **145 lb**
18 EYES: **GRN**

1 **ELLINGSON**
2 **KAREN SUE**
8 **531 JUDITH LN TRLR 17**
BILLINGS, MT 59101



Karen Ellingson

5 DD 20230301112018CJE954

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Customer/Purchaser Name Richard Dukart Phone Number (909) 851-2861 Email selcandyurapper@gmail.com
Address PO Box 5350 City Quartzsite State AZ Zip Code 85359

Inscribed Name on Marker

Anton Kessel

Legal Name of Deceased (First, Middle, Last)

Anton Kessel

Interment Space:

Section

Block

Lot

Space

MA A 52 1

Lot Owner (As listed in cemetery records)

Glenda Jean GRIFFEE

Relationship to Deceased

Daughter

Marker Company

Phone Number

Address

City

State

Zip Code

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☐ I acknowledge that I do not have consent of a lot owner of the space/niche to place the purchased marker.

R

Purchaser (Signature)

Y

Date

TO BE FILLED OUT BY LOT OWNER

I, Glenda Jean GRIFFEE, the above-named lot owner, do hereby authorize Richard Dukart to purchase, design and/or make payment for the marker/niche plate for the deceased listed above on the interment space or niche.

Glenda Griffree
Lot Owner (Signature)

9/20/2024
Date

IF THE SIGNING OF THIS DOCUMENT IS NOT WITNESSED BY A CEMETERY REPRESENTATIVE,
IT MUST BE NOTARIZED.

Acknowledgment by Individual

WELLS
FARGO

State of

County of

MONTANA

YELLOWSTONE

On this 20 day of SEPTEMBER, 20 24. Before me, BENJAMIN THIELE
Name of Notary Public

the undersigned Notary Public, personally appeared

GLENDIA GRIFFEE

Name of Signer(s)

☐ Proved to me on the oath of _____

☐ Personally known to me

☒ Proved to me on the basis of satisfactory evidence MT DRIVERS LICENSE

(Description of ID)


to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed it.

WITNESS my hand and official seal.



BENJAMIN THIELE
Notary Public for the
State of Montana
Residing at BILLINGS, MT
My Commission Expires
December 1, 2027

Notary Seal


(Signature of Notary Public)

My commission expires 12/01/2027

Optional: A thumbprint is
only needed if state stat-
utes require a thumbprint.

Right Thumbprint
of Signer

Top of thumb here

For Bank Purposes Only

Description of Attached Document

Type or Title of Document

Document Date

Number of Pages

Signer(s) Other Than Named Above

Account Number (if applicable)



F001-00000DSG5350-01

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

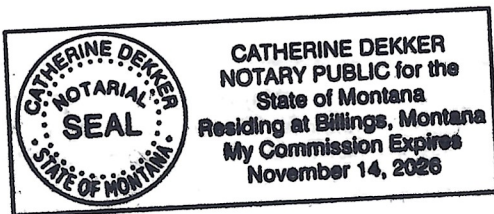
State of ~~California~~ Montana

County of Yellowstone

On 9/5/2024 before me, Catherine Dekker, Notary
Date Here Insert Name and Title of the Officer

personally appeared Karen Sue Ellingson
Name(s) of Signer(s)

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.

Signature Catherine Dekker
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____

Signer's Name: _____

☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer is Representing: _____