

**Twentynine Palms Public Cemetery District  
DISTRICT PROFILE SUMMARY SHEET**

District Contact Person(s):

CASSANDRA DOBLER-OFFICE ADMINISTRATOR

Address:

5350 ENCELIA AVE. TWENTYNINE PALMS, CA 92277

E-mail Address:

caseydobler@yahoo.com

Website Address:

Date of Formation:

FEBRUARY 19, 1934

Principal Act:

CEMETERY

Improvement District(s):  YES  NO

If yes, please indicate name and define area of service (include map).

Governing Body:

SELF-GOVERNING/BOARD OF DIRECTORS/  
COUNTY OF SAN BERNARDINO

Membership:

SANDRA GRAY CHAIRPERSON

ELIZABETH LAFERRIERE VICE-CHAIRPERSON

CORRINE JOHNSON-DOBLER TRUSTEE

APRIL GIBSON TRUSTEE

JOSEPH CRITES TRUSTEE

Public Meetings:

LAST THURSDAY OF EACH MONTH AT 6:00 p.m. HELD AT 5350  
ENCELIA AVE. TWENTYNINE PALMS, CA 92277

## SERVICES

Currently Authorized Powers (Services):

SERVICE	FUNCTIONS
<del>Fire Protection</del>	
<del>Park &amp; Recreation</del>	
<del>Street Lighting</del>	
<del>Library Service</del>	
Cemetery	Cemetery

Latent Powers (Services) -- those services authorized by the Agency's principal act, but not activated through the LAFCO process:

SERVICE	FUNCTIONS

Area Served: 58 Square Miles/          Acres  
 Population: 27,337 (Outline source for figure)  
 CITY OF 29 PALMS DEMOGRAPHICS  
 Registered Voters: 6379 As Of 2/23/09 (Date)

Services Provided Outside Agency Boundaries:

SERVICE	PROVIDED TO WHOM	DATE OF CONTRACT	SUNSET DATE

Special charges for service outside boundaries:

Persons living outside of Twentynine Palms Public Cemetery District boundaries will be charged a non-resident fee of \$100.00 for the Lage Garden, \$195.00 for a cremation or infant burial, and \$390.00 for a adult burial.

Special policies for providing service outside boundaries:

Persons living outside of Twentynine Palms Public Cemetery District boundaries or do not own real estate in the boundaries: A.)t have next of kin already buried in this cemetery. 1) Next of Kin:(Very Broad) Immediate family, step brothers, sisters-in-law, etc. See : H & S Codes 8961/8961.1 B.) If no next of kin in cemetery, they can not live within 15 miles of a privately owned cemetery. See: H & S Codes 8961.2/8961.3. non resident fee will not be charged if person normally resided in the 29 Palms district, but due to health/age has been placed in a rest home or moved in with a relative.

District Profile Sheet

### SPHERE OF INFLUENCE

Established:

LAFCO Number	Resolution No./ Date Adopted	Location
1178	12-27- <del>8</del> 1972	

CHANGES:

LAFCO Number	Resolution No./ Date Adopted	Type Of Change	Location

# MANDATORY FIVE YEAR SPHERE OF INFLUENCE UPDATE

**INTRODUCTION:** The questions on this form are designed to obtain data about the entity's existing sphere of influence to allow the Commission and its staff to begin to assess the mandated sphere update process. You are encouraged to include any additional information that you believe is pertinent to the process. Use additional sheets where necessary and/or include any relevant documents.

1. **NAME OF AGENCY:** Twentynine Palms Public Cemetery District
  
2. Provide an identification of the entities that provide service to your agency. Please indicate whether they are public or private entities and include subsidiary districts in this description. Please include a description of City or District-governed agencies (i.e., redevelopment agency, development corporations, joint powers authorities, improvement districts, etc.)

Twentynine Palms Redevelopment Agency  
 6136 Adobe Road  
 P.O. Box 995  
 Twentynine Palms, CA 92277  
 Attn: Executive Director

3. Provide a narrative description of anticipated alterations in the agency's current sphere of influence that should be considered in this review. This identification should include any potential development that would require a sphere of influence amendment for implementation, etc. (If additional room for response is necessary, please attach additional sheets to this form.)

*none anticipated*

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4. **CITIES:** Provide an outline of negotiations with the County of San Bernardino related to any sphere change anticipated. Please include an outline of agreements on boundaries, development standards, zoning requirements, if any. This is required pursuant to Government Code Section 56425(b).

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5. **CITIES:** Provide an outline of the dates for adoption and plans for update, if any, for:

**General Plan**

Elements if adopted separately

NAME

DATE OF ADOPTION/UPDATE PLANS

_____	_____
_____	_____
_____	_____
_____	_____

6. **CITIES/SPECIAL DISTRICTS:** For the services provided by the agency identify the appropriate document below and provide an outline of the date of adoption, schedule for update, copy of the document and copy of environmental document, if applicable:

Master Plan for Water Utility \_\_\_\_\_

Master Plan for Sewer Utility \_\_\_\_\_

Master Plan for Fire Service \_\_\_\_\_

Master Plan for Park Service \_\_\_\_\_

Urban Water Management Plan \_\_\_\_\_

(with copy of certification from Department of Water Resources)

Other (Please name):

_____	_____
_____	_____
_____	_____

7. **SPECIAL DISTRICTS:** Provide an outline of the following items related to the services provided by the District. This response is specifically required by Government Code Section 56425(i) et seq.

a) Provide a written statement specifying the functions and/or classes of service provided by your District.

Burial in the District's cemetery shall be limited in accordance with Section 8961 of the California Health and Safety Code as the same now exists or may be hereafter amended. For the purpose of these Rules and Regulations, members of the family of a resident who purchases a family Burial Right are defined as grandparents, parents, spouse, brothers/sisters and their families.

b) Provide a written description of the nature, location and extent of the functions and/or classes of service outlined above. Where the service area is less than the boundaries of the District provide a map depiction of the location.

**Special charges for service outside boundaries:**

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family, step brothers, sisters-in-law, etc. See : H & S Codes 8961/8961.1 B.) If no next of kin can not live within 15 miles of a privately owned cemetery. See: H & S Codes 8961.2/8961.3. non resident fee will not be charged if person normally resided in the 29 Palms district, but due to health/age has been placed in a rest home or moved in with a relative.

- c) Provide a brief outline of master plans adopted for each of the services listed above including a summary of their findings and the date of their adoption. If master plans are required to be filed with a County, State or Federal agency please note the date of their acceptance. Provide a copy of the master plans with this document if not previously provided to the LAFCO staff office including a copy of the environmental determination associated with the document.

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- 8. Provide a response to the four factors outlined in Government Code Section 56425 required for a sphere of influence review outlined as follows:

- a) The present and planned land uses in the area, including agricultural and open-space lands.

Land uses include those of the City of 29 Palms, vacant lands

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- b) The present and probable need for public facilities and services in the area.

There is a need for a public cemetery in the 29 Palms community due to the community's socio-economic conditions.

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- c) The present capacity of public facilities and adequacy of public services that the agency provides or is authorized to provide.

There are 3,828 total burials, 720 unused, and 693 unsold.

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d) The existence of any social or economic communities of interest in the area.  
*Social communities of interest include the City of 29 Palms  
 and the 29 Palms Marine Corps Base.*  
*29 Palms is also a community along the Highway 62 corridor.*

**CERTIFICATION**

I hereby certify that the statements furnished above and in the attached supplements, exhibits, and documents present the ~~date and information~~ required for this mandatory review to the best of my ability, and that the facts, statements, and information presented herein are true and correct to the best of my knowledge and belief.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title