

KATHERINE FISHER

TO

KATHERINE FISHER and MARY KATHRYN DAVIS

WARRANTY DEED



KNOW ALL MEN BY THESE PRESENTS, that KATHERINE FISHER, WIDOW, of the County of Leflore and State of Mississippi for and in consideration of the sum of \$1.00 and other good and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged, does hereby bargain, sell, convey and warrant unto KATHERINE FISHER and MARY KATHRYN DAVIS, as joint tenancy with full rights of survivorship and not as tenant in common, in fee simple, all of my rights, title and interest in and to the following described real estate together with the tenements, hereditaments and appurtenances thereunto belonging or in any wise appertaining situated in the County of Cook and State of Illinois, to-wit:

The north five feet of Lot 9 and the south twenty feet of Lot 10 in Jewett's subdivision of lots 13 and 16 in Block 15 in Linden Grove subdivision of the west 35 acres of the north 70 acres and the south 90 acres of the northwest one quarter of section 21, Township 38 North, Range 14 East of the Third Principal Meridian.

The addresses and telephone numbers for the parties are:

GRANTOR: Mrs. Katherine Fisher
603 Rising Sun Circle
Greenwood, MS 38930
(662) 455-6321

GRANTEES: Mrs. Katherine Fisher
603 Rising Sun Circle
Greenwood, MS 38930
(662) 455-6321

and

Mrs. Mary Kathryn Davis
6553 South Emerald
Chicago, IL 60621

Exempt Under Real Estate Transfer Tax Law 35 ILCS 200/31-45 sub par. (e) and Cook County J.C. No. 0-27 par. (e)

Date 2/28/2000 Sign. Mary K. Davis

1539/0038 03 001 Page 1 of 4
2000-02-22 11:22:58
Cook County Recorder 49:50

00128922

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IN TESTIMONY WHEREOF I have hereunto set my hand on this the 2st day
of December, 1999.

Katherine Fisher
KATHERINE FISHER, WIDOW

**STATE OF MISSISSIPPI
COUNTY OF LEFLORE**

This day personally appeared before me, the undersigned authority at law in and for the above named county and state, the within named **KATHERINE FISHER, WIDOW**, who acknowledged that she signed and delivered the above and foregoing instrument of writing on the day and year as her free and voluntary act, for the uses and for the purposes therein stated.

GIVEN under my hand and official seal on this the 2st day of
December, 1999.

Rosemary W. Griffin
NOTARY PUBLIC

My Commission Expires: 02/02/2003

INDEXING INSTRUCTIONS: PART OF LOTS 9 AND 10 OF JEWETT'S SUBDIVISION AND PART LOTS 13 AND 16 BLOCK 15 IN LINDEN GROVE SUBDIVISION IN THE NW ¼ OF §21, T.38 N, R 14E OF 3RD PRINCIPAL MERIDIAN, CHICAGO, COOK COUNTY, ILLINOIS.

PREPARED BY:

**WILLIE J. PERKINS, SR.
MSB #4122
301 East Market Street
Post Office Box 8404
Greenwood, MS 38935-8404
Telephone: (662) 455-1211
Facsimile: (662) 453-9159**

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STATEMENT BY GRANTOR AND GRANTEE

The Grantor or his Agent affirms that, to the best of his knowledge, the name of the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated 2-22, 2000

Signature: Mary K Davis
Grantor or Agent

Subscribed and sworn to before me by the said MARY K DAVIS this 22 day of 2, 2000
Notary Public Zenaida Cerrillo



The Grantee or his Agent affirms and verifies that the name of the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated 2-22, 2000

Signature: Mary K Davis
Grantee or Agent

Subscribed and sworn to before me by the said MARY K DAVIS this 22 day of 2, 2000
Notary Public Zenaida Cerrillo



NOTE: Any person who knowingly submits a false statement concerning the identity of a Grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to Deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)



EUGENE "GENE" MOORE

RECORDER OF DEEDS / REGISTRAR OF TORRENS TITLES
COOK COUNTY, ILLINOIS

STATE OF MISSISSIPPI
UNOFFICIAL COPY 0128922
 MISSISSIPPI STATE DEPARTMENT OF HEALTH
 VITAL RECORDS

TYPE OR PRINT WITH BLACK INK ✓ FILING DATE **OCT 13 1997** CERTIFICATE OF DEATH STATE FILE NUMBER **123-**

DECEASED.

1. NAME: First **Robert**, Middle **L**, Last **Fisher** 2. SEX **Male** 3a. HOUR OF DEATH **2:26 P.m** 3b. DATE OF DEATH (Month, Day, Year) **October 4, 1997**

4. RACE (Specify White, Black, American Indian, Mexican, etc.) **Black** 5a. AGE AT LAST BIRTHDAY **70** Years 5b. MOS 5c. DAYS 5d. HOURS 5e. MINS 6. DATE OF BIRTH (Month, Day, Year) **Sept. 10, 1927** 7a. COUNTY OF DEATH **Leflore**

If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items 7b. CITY OR TOWN OF DEATH **Greenwood** 7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) **Greenwood-Leflore Hospital (42G)** 7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA **Inpt.** 8. STATE OF BIRTH **MS**

9. DECEDENT'S EDUCATION: Elem/High School, College (Specify only highest grade completed) (0-12) **6** (1-4) **5+** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 11. SURVIVING SPOUSE (If wife, give maiden name) **Katherine Wade** 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) **No**

For RESIDENCE items, enter actual location of home rather than mailing address 13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) **Afro-American** 14. SOCIAL SECURITY NUMBER **484-30-0434** 15a. USUAL OCCUPATION (Kind of work done, most of working life) **Machine Operator** 15b. KIND OF BUSINESS OR INDUSTRY

16a. RESIDENCE—STATE **MS** 16b. COUNTY **Leflore** 16c. CITY OR TOWN **Greenwood** 16d. INSIDE CITY LIMITS (Specify Yes or No) **No** 16e. STREET AND NUMBER OR RURAL LOCATION **Off Hwy 49 South**

PARENTS

17. FATHER—NAME: First **Unknown**, Middle, Last 18. MOTHER—NAME: First **Unknown**, Middle, Maiden

INFORMANT

19a. INFORMANT—NAME (Type or print) **Katherine Fisher** 19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) **603 Rising Sun Circle Greenwood, Mississippi 38930**

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 20b. CEMETERY, CREMATORY—NAME **LCMC** 20c. LOCATION (City and State) **Carrollton, MS** 20d. EMBALMER—SIGNATURE AND NUMBER **[Signature] FS242**

21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER **Century Funeral Home 42C** 21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) **P.O. Box 593, Greenwood, MS 38935**

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) **Dr. Paula Spence-Evans** 22b. PRONOUNCED DEAD (Month, Day, Year) **ON October 4, 1997** 22c. PRONOUNCED DEAD (Hour) AT **2:26 P.m**

CERTIFIER

23a. CERTIFIER—NAME (Type or print) **Dr. Rafique** 23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) **1401 River Road, Greenwood, MS 38930**

Mississippi State Board of Health Form No. 511 Revised 1-1-89

This section to be completed by physician if NOT a medical examiner 24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE **[Signature]** MD 24b. DATE SIGNED (Month, Day, Year) **10/16/97** 24c. STATE LICENSE NUMBER **14648** 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

This section to be completed by medical examiner ONLY 24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE **[Signature]** 24f. TITLE 24g. DATE SIGNED (Month, Day, Year)

CAUSE OF DEATH

25. PART I: IMMEDIATE CAUSE (Enter one cause only): Interval between onset and death

(a) **Cardiopulmonary Arrest** Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): Interval between onset and death

(b) **Colon Cancer** Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): Interval between onset and death

(c)

26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I. 27. AUTOPSY (Yes or No) 28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)

Use if death NOT due to natural causes 29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 29b. DATE OF INJURY (Month, Day, Year) 29c. HOUR OF INJURY m. 29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED

29e. INJURY AT WORK (Yes or No) 29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 29g. LOCATION Street or route number City or town State

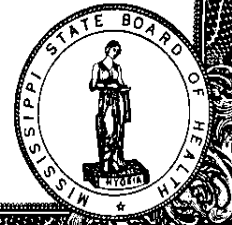
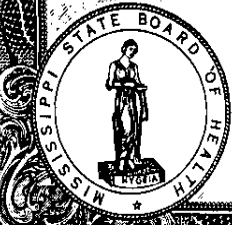
THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
 F. E. Thompson, Jr., M.D., M.P.H.
 STATE HEALTH OFFICER

Nita Cox Gunter
 Nita Cox Gunter
 STATE REGISTRAR

OCT 13 97

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