

REGISTER WORKSHEET FILE

SUBJECT		TIP NO. 10297E		INFORMANT		TIP NO. 10297E	
Name Last	First	Name Last	First	Name Last	First	Name Last	First
Fisher	E E	Refused					
Address		City		Address		City	
Direction to Locate (Hangouts, girlfriends, etc.)				Can be Contacted At			
R							
Veh. Make	Style	Color	Year	Lic. No.	Home Phone	Office Phone	
Works		City		Occupation		Informant was Contacted At	
Home Phone		Other Phone					
Associates							

INFORMATION REFERENCE SUBJECT		Yes	No	Yes	No	Yes	No		
Criminal Record Obtained (18)		<input type="checkbox"/>	<input type="checkbox"/>	Sex Motivated Crime File Check	<input type="checkbox"/>	<input type="checkbox"/>	Handwriting Specimen Obtained	<input type="checkbox"/>	<input type="checkbox"/>
Record Section Checked		<input type="checkbox"/>	<input type="checkbox"/>	Intelligence Check	<input type="checkbox"/>	<input type="checkbox"/>	Hair Specimen Obtained	<input type="checkbox"/>	<input type="checkbox"/>
Photo Available		<input type="checkbox"/>	<input type="checkbox"/>	Operator's License Check	<input type="checkbox"/>	<input type="checkbox"/>	Written Statement Obtained	<input type="checkbox"/>	<input type="checkbox"/>
LEIN Checked		<input type="checkbox"/>	<input type="checkbox"/>	Fingerprints Obtained	<input type="checkbox"/>	<input type="checkbox"/>	Recorded Statement Obtained	<input type="checkbox"/>	<input type="checkbox"/>
Gun File Check		<input type="checkbox"/>	<input type="checkbox"/>	Palprints Obtained	<input type="checkbox"/>	<input type="checkbox"/>	Updated Photo Obtained	<input type="checkbox"/>	<input type="checkbox"/>

DETAILS OF TIP

Bhom. very violent *owns furniture store in* MARRIED A NURSE
 Looks like *Composit.* *Drives a GM Car.*

REPORT

Referred to *(GM fishers)*

Received by	<i>Chamber 3-22-77</i>	Date	<i>3-22-77</i>	Time	<i>11:05</i>	<input type="checkbox"/> Subject Not Cleared
Assigned to	<i>REXICK, BRIFAN</i>	Date	<i>3-22-77</i>	Time		Subject Cleared by:
Analyzed/Closed by		Date		Time		<input type="checkbox"/> Witness <input type="checkbox"/> Was Working <input type="checkbox"/> Polygraph

REGISTER
WORKSHEET
FILE

T

PRIORITY EVALUATION
Low Medium High

SUBJECT TIP NO. 10297K INFORMANT TIP NO. 10297K
Last First Middle Name-Last First Middle

Address SEE FOLLOW-UPS FOR FURTHER Address Refused City City

Direction to Locate (Hangouts, girlfriends, etc.) Can be Contacted At
SUBJ. INFO. (1)

Bo Ven. male stays Color Yes No Home Phone Office Phone

Works City Occupation Informant was Contacted At

Home Phone Other Phone Associates

INFORMATION REFERENCE SUBJECT	Yes	No	Sex Motivated Crime File Check	Yes	No	Handwriting Specimen Obtained	Yes	No
Criminal Record Obtained (IB)	<input type="checkbox"/>	<input type="checkbox"/>	Intelligence Check	<input type="checkbox"/>	<input type="checkbox"/>	Hair Specimen Obtained	<input type="checkbox"/>	<input type="checkbox"/>
Record Section Checked	<input type="checkbox"/>	<input type="checkbox"/>	Operator's License Check	<input type="checkbox"/>	<input type="checkbox"/>	Written Statement Obtained	<input type="checkbox"/>	<input type="checkbox"/>
Photo Available	<input type="checkbox"/>	<input type="checkbox"/>	Fingerprints Obtained	<input type="checkbox"/>	<input type="checkbox"/>	Recorded Statement Obtained	<input type="checkbox"/>	<input type="checkbox"/>
LEIN Checked	<input type="checkbox"/>	<input type="checkbox"/>	Palmprints Obtained	<input type="checkbox"/>	<input type="checkbox"/>	Updated Photo Obtained	<input type="checkbox"/>	<input type="checkbox"/>
Gun File Check	<input type="checkbox"/>	<input type="checkbox"/>						

APPROVED
DISTRICT ATTORNEY

DETAILS OF TIP
Bham. Very violent MARRIED A NURSE
Owns furniture store in
Took like composed. Duwata N.M. Pa.

REPORT Re-leaked to (JIM FISHER)

THERE IS AN EE FISHER

* A FISHER EV JR INTERIORS INC. AT 328 N. Woodward Birmingham 642-3363

for phone book
Last mailing address no longer at above business
divorced moved Florida

Possible last address: EVERELL E. FISHER JR.

Received by [Signature] Date 3-20-77
Assigned to RONICK GRIFFIN Date 3-22-77
Analysed/Cleared by Robert J. Rimmick

Subject Not Cleared
Subject Cleared by:
 Witness Was Working Polygraph

PRIORITY EVALUATION Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>			
SUBJECT TIP NO. <i>5062TK</i>		INFORMANT TIP NO. <i>5062TK</i>	
Name: Last <i>FISHER</i> First <i>ARTHUR</i> Middle <i>SP</i> Address <i>Franklin Rd.</i>		Name: Last <i>ALLAN</i> First <i>TOM</i> Middle <i>Sgt.</i> Address <i>DET. 2nd Prec.</i>	
Direction to Locate (Hangouts, girlfriends, etc.)			
Born _____ Hair _____		Can be Contacted At _____	
Veh. Make _____ Style _____ Color _____ Yr. _____ Lic. No. _____	Home Phone _____ Office Phone <i>224 4025</i>		
Works _____ City _____ Occupation <i>Antique dealer</i>	Informant was Contacted At _____		
Home Phone _____ Other Phone _____	Associates _____		
INFORMATION REFERENCE SUBJECT			
Criminal Record Obtained (IB) <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex Motivated Crime File Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Handwriting Specimen Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Record Section Checked <input type="checkbox"/> Yes <input type="checkbox"/> No	Intelligence Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Hair Specimen Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Photo Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Operator's License Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Written Statement Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
LEIN Checked <input type="checkbox"/> Yes <input type="checkbox"/> No	Fingerprints Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No	Recorded Statement Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Gun File Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Palmprints Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No	Updated Photo Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
DETAILS OF TIP <i>Subject</i>			
<p><i>Underground collector former owner. Fisher is a member of the S.M. Fisher family. This subject is a W/M divorced and now supposedly living on Franklin Road with a female impersonator. Informant thought we should check out.</i></p>			
REPORT			
<p><i>and now supposedly living on Franklin Road with a female impersonator. Informant thought we should check out.</i></p>			
Received by <i>Anderson</i>	Date <i>3/22/77</i> Time <i>6:35pm</i>	<input type="checkbox"/> Subject Not Cleared	
Assigned to _____	Date _____ Time _____	Subject Cleared by:	
Analyzed/Closed by _____	Date _____	<input type="checkbox"/> Witnesses <input type="checkbox"/> Was Working <input type="checkbox"/> Polygraph	

TRANSFER WORKSHEET FILE

T

PRIORITY EVALUATION
Low Medium High

SUBJECT
Name: Last **FISHER** First **Everill** Middle **JR**
Adm. City

INFORMANT
Name: Last **FISHER** First **Everill** Middle **JR**
Address City

Direction to Locate (Hangouts, girlfriends, etc.)

Can be Contacted At
*ANOL
near Cacentic
Tomb*

Born HL Wt. Eyes Hair

Veh. Make Style Color Yr. Lic. No.

Home Phone Office Phone

Works City Occupation

Informant was Contacted At

Home Phone Other Phone

Associates

INFORMATION REFERENCE SUBJECT		Yes	No	Yes	No	Yes	No	
Criminal Record Obtained (IB)	<input type="checkbox"/>	<input type="checkbox"/>	Sex Motivated Crime File Check	<input type="checkbox"/>	<input type="checkbox"/>	Handwriting Specimen Obtained	<input type="checkbox"/>	<input type="checkbox"/>
Record Section Checked	<input type="checkbox"/>	<input type="checkbox"/>	Intelligence Check	<input type="checkbox"/>	<input type="checkbox"/>	Hair Specimen Obtained	<input type="checkbox"/>	<input type="checkbox"/>
Photo Available	<input type="checkbox"/>	<input type="checkbox"/>	Operator's License Check	<input type="checkbox"/>	<input type="checkbox"/>	Written Statement Obtained	<input type="checkbox"/>	<input type="checkbox"/>
LEIN Checked	<input type="checkbox"/>	<input type="checkbox"/>	Fingerprints Obtained	<input type="checkbox"/>	<input type="checkbox"/>	Recorded Statement Obtained	<input type="checkbox"/>	<input type="checkbox"/>
Gun File Check	<input type="checkbox"/>	<input type="checkbox"/>	Palmprints Obtained	<input type="checkbox"/>	<input type="checkbox"/>	Updated Photo Obtained	<input type="checkbox"/>	<input type="checkbox"/>

DETAILS OF TIP *Believed to be long-haired, twice - ofd actor in violent temper - very angry.*

REPORT
Very low priority. No reason to connect with any of these homicides cleared

Received by *[Signature]* Date *5-2-78* Time *2:00p.*

Assigned *Doran Harris* Date *5-2-78*

Analyzed/Closed by

Subject Not Cleared

Subject Cleared by:

Witnesses Was Working Polygraph

NARRATIVE REPORT PAGE 1 OF 2

CLASS NO. COMPLAINT NUMBER

TIR 1089 TK

On 3-29-77 this writer along with Sgt. Stock interviewed below subject at law office of Basil M. Briggs 29541 Telegraph, Apt. Suite 610 355-5828. Present was Basil M. Briggs and Attorney William M. Belger.

EVERELL Edward Fisher Jr.

VEHICLE - 1977 OLDS 98 WHITE 77/1414 P.A. -

P.H. BUSINESS - 328 N. WOODWARD BIRMINGHAM MOTHERS A. -

Subject is relative of Fisher Body Company and Mr. Pat Phillips was his uncle. His attorney Basil Briggs is also related to Mr. West. Subject is currently unemployed although quite wealthy. He has been dating a Bonnie Kærnick age [redacted] and is contemplating marriage. Subject stated he was arrested in Florida about 10 years ago for bad check that he made restitution on. The only other arrest was 3-4 years ago in a town on outskirts of Grand Rapids where he was arrested for some type of homosexual charge which was later dismissed. An attorney named Nick Spicer from Grand Rapids handled case. Subject also stated he was institutionalized 1960-1964 at Manning's Clinic, Topeka, Kansas.

REPORTING OFFICER: Robert J. Smith REVIEWING OFFICER: ASSIGNED TO: DATE:

31	DATE	SHIFT (DAY OF WEEK, BADGE NO.)	REPORT TAKEN AT SCENE OSTAT OPRONE DOTHER	CLASS NO. TIP	COMPLAINT NUMBER 1039 JK
REPORTED	TIME DISPATCHED	TIME ARRIVED	TIME COMPLETED	DATE(S) OCCURRED	TIME(S) OCCURRED
					HOUR
					PLAT

3 The woman subject is dating has 4 boys from a
 04 previous marriage
 05 Subject has access to girlfriends vehicle and girlfriends
 06 sons vehicle, which are a white 1977 Chevy and a
 07 black 77 Pontiac Grand Prix.
 08 In regards to March 16, 1977: Subj was out
 09 to dinner with Bonnie Karnick and 2 of her sons
 10 at Steak & Egg restaurant of Warrenton. They dropped
 11 children off at Bonnie and both returned to subjects
 12 residence about 10pm
 13 In regards to March 22, 1977: Subject states at
 14 7:00 pm approximately he and Bonnie went to
 15 Abbey Theatre, Troy to see "Blue ^{Streak} Streak. They
 16 doubled with a Bob Burns and Dotty Weisman
 17 626-4692 they then went to Royal Lounge in
 18 Royal Oak where they stayed till after 10mid.
 19 This writer phoned Dotty Weisman who verified
 20 subjects presence on date in question.
 21 Subj is leaving for Florida with Bonnie in
 22 a couple of days and won't be back till late April.
 23 Subject has long hair, brown hair, large bushy
 24 eyebrows. Doesn't look like composite.
 25 Case closed.

31	REPORTING OFFICER: Robert A. Karnick	REVIEWING OFFICER	ASSIGNED TO	DATE
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10-3-76-
Change address

(no history)

GOOD Address

7

in Florida

(matters some)

miss Malcom

(going to Florida couple weeks)

Ex wife in Orlando, Florida

(313) 355-8828

BASIL M. BRIGGS
ATTORNEY AT LAW

29201 TELEGRAPH ROAD • SUITE 610
SOUTHFIELD, MICHIGAN 48076

WILLIAM M. BOLGER
ATTORNEY AND COUNSELOR

NOONAN, COSTELLO AND BOLGER
NBS FINANCIAL CENTER
29201 TELEGRAPH RD.—SUITE 608
SOUTHFIELD, MICHIGAN 48076

(313) 352-9300

STATE OF SOUTH CAROLINA
CERTIFICATION OF VITAL RECORD

STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

89 000289

STATE BIRTH NUMBER		CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. DECEDENT'S NAME Everell Edward Fisher, Jr.		2. SEX MALE		3. DATE OF DEATH (Month, Day, Year) JANUARY 2, 1989	
4. SOCIAL SECURITY NUMBER 365-44-6245		5. AGE - Last Birthday 47		6. DATE OF BIRTH (Month, Day, Year) OCT 6, 1941	
7. BIRTHPLACE (City and State or Foreign Country) DETROIT, MICH.		8. PLACE OF DEATH (Check only one, see instructions on inner fold) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9. MEDICAL NAME (If not institution, give street and number) MEDICAL UNIVERSITY OF SOUTH CAROLINA		10. CITY, TOWN OR LOCATION OF DEATH CHARLESTON		11. COUNTY OF DEATH CHARLESTON	
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SINGLE SINGLE		13. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) SALESMAN		14. KIND OF BUSINESS/INDUSTRY REAL ESTATE	
15. RESIDENCE - STATE SC		16. COUNTY CHARLESTON		17. CITY, TOWN OR LOCATION JAMES ISLAND	
18. STREET AND NUMBER 661 AYERS		19. INSIDE CITY LIMITS (Yes or No) YES		20. ZIP CODE 29412	
21. WAS DECEDENT OF HISPANIC ORIGIN? (Specify race, etc.) No		22. RACE - American Indian, Black, White, etc. (Specify) WHITE		23. DECEDENT'S EDUCATION (Specify only highest grade completed) HS-12 (1-4 or 5)	
24. FATHER'S NAME EVERELL E. FISHER, SR.		25. MOTHER'S NAME SUSAN BRIGGS			
26. INFORMANT'S NAME (Type/Print) SUSAN F. PHILLIPS		27. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 701 WARREN DRIVE, ANNAPOLIS, MARYLAND 21403			
28. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) STUHR'S NORTHWOODS CREMATORY, CHAS. S.C.		30. LOCATION - City or Town, State	
31. SIGNATURE OF FUNERAL HOME LICENSEE OR PERSON ACTING AS SUCH <i>Robert E. Venter</i>		32. NAME AND ADDRESS OF FACILITY J. HENRY STUHR, INC. 232 CALHOUN STREET, CHAS. S.C.		33. LICENSE NUMBER (of facility) 67	
34. Complete items 22a-c only when certifying physician is not available at time of death to certify cause of death.		35. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title: <i>R.B. Harmon MD</i>		36. LICENSE NUMBER 44 728	
37. DATE OF DEATH 9:40 PM		38. DATE PRONOUNCED DEAD (Month, Day, Year) 1/2/89		39. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) No	
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Probable Brain Metastases</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Metastatic Malignant Melanoma</i> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) PART II. Enter significant conditions contributing to death but not resulting in the underlying cause given in Part I. <i>None</i>		40. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>months</i>		41. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs</i>	
42. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		43. DATE OF INJURY (Month, Day, Year)		44. TIME OF INJURY (M, P, or N)	
45. INJURY AT WORK? (Yes or No)		46. DESCRIBE HOW INJURY OCCURRED		47. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	
48. LOCATION (Street and Number or Rural Route Number, City or Town, State)		49. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death) <input checked="" type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death)		<input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER	
50. SIGNATURE AND TITLE OF CERTIFIER <i>R.B. Harmon MD</i>		51. LICENSE NUMBER 44-728		52. DATE SIGNED (Month, Day, Year) 1/2/89	
53. NAME AND ADDRESS OF PERSON WHO SIGNED IN 51 (Type/Print) <i>Dr. Robert E. Harmon</i> MUSC Charleston SC 29425		54. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print) <i>Dr. Stuart</i>			
55. REGISTRY'S SIGNATURE <i>Kathleen M. Roberts</i>		56. DATE FILED (Month, Day, Year) Jan 5, 1989			

5004007382

ISSUED OCT 20 2014

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

Catherine Tompleton
Catherine Tompleton
Director and State Registrar

Barbara E. Derrick
Barbara E. Derrick
Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 01/24/2014



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE