This instrument was prepared by:
Howard M. Skipworth #012469
Attorney at Law
6408 Clarksville Pike
P.O. Box 489
Joelton, Tennessee 37080-0489
Telephone: (615) 876-2594
Fax: (615) 876-4292
Email: hmskiplaw@comcast.net
From paperwork provided by clients –
No Title examination requested.

BILL GARRETT, Davidson County
Trans:T20150008980 AFFIDAVITH
Recvd: 02/04/15 15:04 10 pgs
Fees:52.00 Taxes:0.00
20150204-0010689

NEW OWNERS:

Angela Dawn Greer
4162 Baxter Road
Joelton, TN 37080

Wanda Kimberly Lynch
4170 Baxter Road
Joelton, TN 37080

Billy Todd Knight
4166 Baxter Road
Joelton, TN 37080

Map & Parcel No:
00800000500

SEND TAX NOTICE TO:

Angela Dawn Greer
4162 Baxter Road
Joelton, TN 37080

Wanda Kimberly Lynch
4170 Baxter Road
Joelton, TN 37080

Billy Todd Knight
4166 Baxter Road
Joelton, TN 37080

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Come the Affiants, Angela Dawn Greer, Wanda Kimberly Lynch and Billy Todd Knight, being first duly sworn according to law, and being of lawful age and residing

for the past 30 or more years in Davidson Counties, State of Tennessee, and pursuant to Section 30-2-712 of the Tennessee Code Annotated hereby swear to the following of their own free will and based upon their personal knowledge and familiarity:

1. As evidenced by a Certificate of Death attached hereto as Exhibit "A", Dee Dee Ross Knight died testate on 06 May 2011.

2. The decedent died without a surviving spouse. The decedent was married once during her lifetime to Billy Guy Knight, who died 14 March 2002, as evidenced by Certificate of Death attached hereto as Exhibit "B".

3. The decedent died leaving three biological children: Angela Dawn Greer, Wanda Kimberly Lynch and Billy Todd Knight. The decedent never gave birth or adopted any other child or children.

4. At the time of her death, the decedent owned a house and lot described as follows to wit:

SEE EXHIBIT "C"
ATTACHED HERETO
FOR COMPLETE DESCRITION
OF PROPERTY

Being the same land conveyed to Billy Guy Knight and wife, Dee Dee M. Knight, A/K/A Dee Dee Ross Knight, by Deed from Ben Knight and wife, Agnes Knight, of record in Book 2591, Page 499, Register's Office for Davidson County, Tennessee.

SUBJECT TO Government zoning, subdivision ordinances, regulations or easements in effect thereon.

REFERENCE is made to prior title recorded in Book 2591, Page 499, Register's Office for Davidson County, Tennessee.

5. Each of the undersigned received a one third (1/3) undivided interest in the real estate described above by virtue of being the recipients of the real estate under the provisions of the decedent's Will, probated in the Seventh Circuit Court, Probate Division of Davidson County, State of Tennessee, Case No. 11P-1624.

6. As evidenced by a Release from the Tennessee Bureau of TennCare attached hereto as Exhibit "D", the decedent never received any long term aid from the Bureau of Tenncare.

7. There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate. As evidenced by the Tennessee tax closing letter attached hereto as Exhibit "E", the decedent owed no inheritance tax.

8. This Affidavit will confirm the vesting of title to the real property located at 4056 Baxter Road, Joelton, Davidson County, Tennessee, after the death of Dee Dee Ross Knight in Angela Dawn Greer, Wanda Kimberly Lynch and Billy Todd Knight.

T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to the beneficiaries.

Further, Affiants saith not.

Dated this 30th day of January, 2015.

Angela Dawn Greer

ANGELA DAWN GREER
Beneficiary

SWORN TO AND SUBSCRIBED before me on this the 30th day of January, 2015.

Ronni K. Skipworth

NOTARY PUBLIC
My Commission expires:

RONNI K. SKIPWORTH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES:
November 3, 2015

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Angela Dawn Greer

ANGELA DAWN GREER
Beneficiary

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **ANGELA DAWN GREER**, the within named beneficiary, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said county, on this 30th day of January, 2015.

Ronni K. Skipworth

NOTARY PUBLIC

My Commission expires:

RONNI K. SKIPWORTH
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES:
November 3, 2015

WANDA KIMBERLY LYNCH
Beneficiary

SWORN TO AND SUBSCRIBED before me on this the 30th day of January, 2015.

NOTARY PUBLIC
My Commission expires:

BONNI K. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

MY COMMISSION EXPIRES:
November 3, 2015

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

WANDA KIMBERLY LYNCH
Beneficiary

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **WANDA KIMBERLY LYNCH**, the within named beneficiary, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said county, on this 30th day of January, 2015.

NOTARY PUBLIC

My Commission expires:

BONNI K. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

MY COMMISSION EXPIRES:
November 3, 2015

BILLY TODD KNIGHT
Beneficiary

SWORN TO AND SUBSCRIBED before me on this the 30th day of January 2015.

NOTARY PUBLIC
My Commission expires:

BONNI K. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES:
November 3, 2015

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

BILLY TODD KNIGHT
Beneficiary

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared **BILLY TODD KNIGHT**, the within named beneficiary, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that he executed the foregoing instrument for the purposes therein contained as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said county, on this 30th day of January, 2015.

NOTARY PUBLIC
My Commission expires:

BONNI K. SKIPWORTH
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES:
November 3, 2015

NOTE TO REGISTER:
Upon recording, please return
the recorded instrument to
Howard Skipworth
Attorney at Law
P.O. Box 489
6408 Clarksville Pike
Joelton, TN 37080

STATE OF TENNESSEE
Office of Vital Records

110265 2

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Dee Dee Ross Knight
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): May 6, 2011
4. SOCIAL SECURITY NUMBER (of Deceased): [redacted]-1998
4a. AGE-LAST BIRTHDAY (Years): 73
4b. UNDER 1 YEAR: MOS / DAYS
4c. UNDER 1 DAY: HOURS / MIN
5. DATE OF BIRTH (Month, Day, Year): October 10, 1937
7. BIRTHPLACE (City and State or Foreign Country): Cheatham County, TN
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
5a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
5b. FACILITY NAME (If not institution, give street and number): St. Thomas Hospital
5c. CITY, TOWN OR LOCATION OF DEATH: Nashville
5d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Teller
12b. KIND OF BUSINESS/INDUSTRY: Banking
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Joelton
13d. STREET AND NUMBER OR RURAL LOCATION: 4056 Baxter Road
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 Yes 2 [X] No
13f. ZIP CODE: 37080
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 [X] No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Dibra Dimple Harris
18. MOTHER'S NAME (First, Middle, Maiden Surname): Harry C. Murphy

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Dawn Greer
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4162 Baxter Road Joelton, TN 37080

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Good Springs Cemetery
20c. LOCATION-City or Town, State: Pleasant View, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Timothy W. Nicholson
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 5316
21c. SIGNATURE OF EMBALMER: Abigail Lemley
21d. LICENSE NUMBER OF EMBALMER: 6429
22a. NAME AND ADDRESS OF FUNERAL HOME: Austin & Bell Funeral Home, 6316 Hwy 41 A, Pleasant View, TN, 37146
22b. LICENSE NUMBER OF FUNERAL HOME: 1227

REGISTRAR

23. REGISTRAR'S SIGNATURE: Linda K. Bowers, RR
24. DATE FILED (Month, Day, Year): May 10, 2011

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 SIGNATURE AND TITLE OF PHYSICIAN: Mark A. Zenker MD
25b. LICENSE NUMBER: 021038
25c. DATE SIGNED (Month, Day, Year): 5/10/11
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place and due to the cause(s) and manner as stated. 2 SIGNATURE AND TITLE OF MEDICAL EXAMINER:
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): Mark A Zenker MD 4230 Harding Rd. Suite 330 Nashville, TN

CAUSE OF DEATH

28. 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. Approximate Interval Between Onset and Death

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pulmonary Fibrosis - idiopathic
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Congestive heart failure

29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 [X] No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 [X] Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY:
31c. INJURY AT WORK? 1 Yes 2 [X] No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

BIRTH NO.

PD-1639 (REV. 6/99) RDA 1309

635336

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Teresa S. Hendricks
STATE REGISTRAR

EXHIBIT A

MAY 10 2011
Date Issued

CERTIFICATION OF VITAL RECORD

EXHIBIT A

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0201502

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

STATE FILE NUMBER

DECEDENT

1 DECEDENT'S NAME (First, Middle, Last): BILLY GUY KNIGHT
2 SEX: MALE
3 DATE OF DEATH (Month, Day, Year): MARCH 14, 2002
4 SOCIAL SECURITY NUMBER: [redacted]-1326
5a AGE-LAST BIRTHDAY (Years): 69
5b UNDER 1 YEAR Months / Days
5c UNDER 1 DAY Hours / Min.
6 DATE OF BIRTH (Month, Day, Year): APRIL 27,1932
7 BIRTHPLACE (City and State or Foreign Country): DAVIDSON COUNTY, TN
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [ ] Yes 2 [X] No
9a PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
9b FACILITY NAME (If not institution, give street and number): SAINT THOMAS HOSPITAL
9c CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
9d COUNTY OF DEATH: DAVIDSON
10 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): MARRIED
11 SURVIVING SPOUSE (If wife, give maiden name): DEE DEE ROSS MURPHY
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): PIRELLI TIRE
12b KIND OF BUSINESS/INDUSTRY: TIRE MFG.
13a RESIDENCE-STATE: TN
13b COUNTY: DAVIDSON
13c CITY, TOWN OR LOCATION: JOELTON
13d STREET AND NUMBER OR RURAL LOCATION: 4056 BAXTER ROAD
CENSUS TRACT
13e INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f ZIP CODE: 37080
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
15 RACE-American Indian, Black, White, etc. (Specify): WHITE
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11th; College (1-4 or 5+):

NAME OF DECEDENT (To be completed by physician or institution)

PARENTS

17 FATHER'S NAME (First, Middle, Last): BEND HARDY KNIGHT
18 MOTHER'S NAME (First, Middle, Maiden Surname): AGNES VIRGINIA HARRIS

INFORMANT

19a INFORMANT'S NAME (Type/Print): DEE DEE KNIGHT
19b RELATIONSHIP TO DECEASED: WIFE
19c MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4056 BAXTER ROAD, JOELTON, TN 37080

DISPOSITION

20a METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): GOOD SPRINGS CEMETERY
20c LOCATION City or Town, State: PLEASANT VIEW, TN
21a SIGNATURE OF FUNERAL DIRECTOR: ROBERT ANDERSON, JR.
21b LICENSE NUMBER OF FUNERAL DIRECTOR: 4342
21c SIGNATURE OF EMBALMER: KEITH STAPLETON
21d LICENSE NUMBER OF EMBALMER: 3612
22a NAME AND ADDRESS OF FUNERAL HOME: ANDERSON & GARRETT FUNERAL HOME 3501 OLD CLARKSVILLE PIKE, P.O. BX 68, JOELTON, TN 37080
22b LICENSE NUMBER OF FUNERAL HOME: 193

REGISTRAR

23 REGISTRAR'S SIGNATURE: Robert W. Rhodes Jr
24 DATE FILED (Month, Day, Year): March 22, 2002

CERTIFIER

25a PHYSICIAN - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 1 [X] SIGNATURE AND TITLE OF PHYSICIAN
25b LICENSE NUMBER: 27820
25c DATE SIGNED (Month, Day, Year): 3/22/02
26a MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place and due to the cause(s) and manner as stated. 2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER
26b LICENSE NUMBER:
26c DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): SEAN P. RYAN ~~ROY O. ELAM~~, M.D., 4230 HARDING ROAD, PLAZA EAST, SUITE 601, NASHVILLE, TN 37202

CAUSE OF DEATH

28 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. (Approximate Interval Between Onset and Death)

SEE INSTRUCTIONS ON OTHER SIDE

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. (SH) Hemorrhagic Stroke — DUE TO (OR AS A CONSEQUENCE OF): — 3 weeks
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. — DUE TO (OR AS A CONSEQUENCE OF): c. — DUE TO (OR AS A CONSEQUENCE OF): d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a WAS AN AUTOPSY PERFORMED? 1 [ ] Yes 2 [ ] No
29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [ ] No

30 MANNER OF DEATH: 1 [ ] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending Investigation 6 [ ] Could not be Determined
31a DATE OF INJURY (Month, Day, Year)
31b TIME OF INJURY
31c INJURY AT WORK? 1 [ ] Yes 2 [ ] No
31d DESCRIBE HOW INJURY OCCURRED
31e PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)
31f LOCATION (Street and Number or Rural Route Number, City or Town, State)

BIRTH NO

PH-1659 REV 2-93

ROA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

John P. Dunn
John P. Dunn
Local Registrar

EXHIBIT B

Date Issued MAR 22 2002

CERTIFICATION OF VITAL RECORD

EXHIBIT "C"

Property located in the 1ST Councilmanic District of Davidson County, TN. and being described according to a survey by Jeffrey Patrick Chandler, RLS #2353, 3421 Cooper Nicholson Road, Pleasant View, TN 37146, Dated: 03-04-13, File Number 835, as follows:

Beginning at a set iron rod in the north margin of Baxter Road;
Thence with the margin of Baxter Road with a curve turning to the left with an arc length of 167.11 feet, with a radius of 180.00 feet, with a chord bearing of N 79 DEGREES 57 MINUTES 40 SECONDS W, with a chord length of 161.17 feet;
Thence S 73 DEGREES 26 MINUTES 33 SECONDS W a distance of 35.52 feet to a set iron rod and common corner to Stanley H. Cooper (Book 4622, Page 41);
Thence with said Cooper N 73 DEGREES 31 MINUTES 36 SECONDS W a distance of 122.54 feet to a set iron rod;
Thence leaving said Cooper N 05 DEGREES 19 MINUTES 47 SECONDS E a distance of 251.00 feet to a set iron rod;
Thence S 82 DEGREES 20 MINUTES 44 SECONDS E a distance of 317.00 feet to a set iron rod;
Thence S 06 DEGREES 04 MINUTES 00 SECONDS W a distance of 32.06 feet;
Thence S 06 DEGREES 56 MINUTES 12 SECONDS W a distance of 106.19 feet;
Thence S 05 DEGREES 06 MINUTES 40 SECONDS W a distance of 123.61 feet to a set iron rod which is the point of beginning,
having an area of
79593 square feet,
1.83 acres

STATE OF TENNESSEE
BUREAU OF TENNCARE
Third Party Liability Division
310 Great Circle Road, 4th Floor
NASHVILLE, TENNESSEE 37243
Toll Free: 866-389-8444 Fax: 615-413-1941

1/30/2012

HOWARD M. SKIPWORTH
6408 CLARKSVILLE PIKE
P.O. BOX 489
JOELTON, TN 37080

RE: DEE DEE R. KNIGHT
5/6/2011

Dear HOWARD M. SKIPWORTH:

This letter constitutes notification of the release of the State of Tennessee's Bureau of TennCare against the above estate for the marked reason:

X — This serves as a release of the Bureau of TennCare's interest in recovery from the above referenced estate as required by T.C.A. §71-5-116(c) (2). Based on a review of the information provided on the Request for Release of Estate Recovery Cost Claim form, we do not find long term TennCare benefits paid by the State of Tennessee on behalf of this individual.

____ This release is based upon the surviving spouse deferral, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee does reserve the right to file a claim for long term care/nursing home services against the estate of the surviving spouse upon the death of the surviving spouse.

____ This release is based upon the decedents age exception, which meets the criteria defined in T.C.A. §71-5-116(c). The State of Tennessee recovers payments made only on behalf of individuals fifty-five years of age or older.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Sincerely,

Tangela J. Howard

Tangela J. Howard
Supervisor

EXHIBIT
D

N0019001 9420737120721

TENNESSEE DEPARTMENT OF REVENUE

Inheritance Tax Closing Letter (This is not a bill for tax due)

July 24, 2012

ESTATE OF DEE DEE R KNIGHT
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON TN 37080-0489

Account Type:	INHERIT TX
Account No.:	441702669
Date of Death:	May 6, 2011
County:	DAVIDSON
SSN:	XXX-XX-1998

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated; this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

DETACH BELOW AND RETAIN FOR YOUR RECORDS

TENNESSEE DEPARTMENT OF REVENUE

ESTATE OF DEE DEE R KNIGHT
ATTN: HOWARD M SKIPWORTH
PO BOX 489
JOELTON, TN 37080-0489

July 24, 2012

Account Type:	INHERIT TX
Account No.:	441702669
Date of Death:	May 6, 2011
County:	DAVIDSON
SSN:	XXX-XX-1998

A sworn return for inheritance tax has been filed with this department by the representative of the above estate.

As provided in Section 67-8-420, Tennessee Code Annotated, this receipt or certificate authorizes the court of the county in which such estate was administered to permit a final settlement or accounting by the estate representative.

The liability, as denoted in this closure letter, has been paid to the State of Tennessee. This is not a bill:

Inheritance Tax:	$0.00
Estate Tax:	$0.00
Interest:	$0.00
Penalty:	$0.00
Total:	$0.00

EXHIBIT
E

RV-N0019001