1335 A Pennock

PREPARED BY (AND RETURN TO):

Wilkins & Ivey, Attys.

Attorneys at Law
Woodmont Centre, Suite 100
104 Woodmont Blvd.
Nashville, TN 37205
Phone (615) 298-3312 - Fax (615) 292-8746

Davidson County DEEDWARR
Recvd: 03/26/15 14:43 7 pgs
Fees:38.00 Taxes:222.00
20150326-0026251

Christy Wilkins Ivey

Percy Wilkins, Jr. (retired)

W & I Ref: (DKM) Title No.: 57251
Dav. Co. File: Box 8

ADDRESS NEW OWNER:	RESPONSIBLE FOR TAX PAYMENT:
Michael W. O'Neill c/o 109 Millwood Ave Ashland City, TN 37015	New Owner

TAX MAP PARCEL NUMBERS: ~~07115018100~~
part of 071 15 0 180.00

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of **$60,000.00**, cash in hand paid by the hereinafter named Grantee, and other good and valuable consideration, the receipt of which is hereby acknowledged, the undersigned **Cindy McKnight Booker, Linda McKnight Miller, Janice McKnight, Jeffery McKnight, Ernest B. Mcknight, Jr., Jamison McKnight, and Tracy Biggers** all the heirs at law of Ernest Bob McKnight, Sr., deceased, hereinafter called the **Grantor**, has bargained and sold, and by these presents does hereby transfer and convey unto **Michael W. O'Neill** hereinafter called the **Grantee**, Grantee's heirs and assigns, a certain tract or parcel of land in Davidson County, Tennessee, described as follows: **To Wit:**

Land in Davidson County, Tennessee, being Lot No. 241 on the Map of Highland Land Company's Subdivision, of record in Book 421, Page 14, Register's Office for Davidson County, Tennessee.

Said Lot Nos. 241 fronts together 100 feet on the easterly side of Pennock Avenue and run back between parallel lines 175 feet to an alley.

Being part of the same property conveyed to E.B. Knight and wife, Norma J. Knight by Warranty Deed from Modena Elliott dated September 20, 1973, recorded September 21,1973, of record in Book 4748, page 597, said Register's Office. By Quitclaim Deed dated February 26, 1988, recorded March 1, 1988, of record in Book 7480, page 48, said Register's Office, subject property was conveyed to Norma J. McKnight, an unmarried person. The said Norma J. McKnight has since died. By Warranty Deed dated August 23, 1990, recorded March 20, 1991, of record in Book 8312, page 937, said Register's Office. Cindy McKnight Booker, Linda McKnight Miller, Janice McKnight, Jeffery A. McKnight, Teresa Y. McKnight and Ernest B. McKnight, Jr., conveyed subject property to Earnest B. McKnight, Sr., The said Earnest B. McKnight Sr., also known as Ernest B. McKnight, Sr., also known as E.B. Knight has since died. By Affidavit of Heirship of record in Instrument No. 20150202-0009268, said Register's Office, Cindy McKnight Booker, Linda McKnight Miller, Janice McKnight, Jeffery McKnight, Ernest B. McKnight, Jr., Jamison McKnight and Tracy Biggers were established as the heirs at law of Ernest Bob McKnight, Sr.

Description Reference: The description is the same as that used in the last deed prior to this transaction.

Taxes for 2015, and subsequent years. Said taxes are neither due nor payable. Tax Reference numbers: 07115018100 and 07115018000. All Matters shown on The Plan of record in Book 421, page 14, said Register's Office.

This is unimproved property, known as 1335 Pennock Avenue, Nashville, TN 37207

TO HAVE AND TO HOLD the said tract or parcel of land, with the appurtenances, estate, title and interest thereto belonging to the said Grantee, Grantee's heirs or assigns, forever.

GRANTOR COVENANTS with the said Grantee that Grantor is lawfully seised and possessed of said land in fee simple, has a good right to convey it, and the same is unencumbered, unless otherwise herein set out.

GRANTOR FURTHER COVENANTS and binds Grantor, Grantor's heirs and representatives, to warrant and forever defend the title to the said land to the said Grantee, Grantee's heirs and assigns, against the lawful claims of all persons whomsoever.

WITNESS THE EXECUTION HEREOF this 23rd day of March, 2015

Cindy McKnight Booker

Linda McKnight Miller

Janice McKnight

Jeffery McKnight

Ernest B. McKnight, Jr.

Jamison McKnight

State of Tennessee

County of Davidson

On this 23rd day of March, 2015, before me the undersigned authority, personally appeared Cindy McKnight Booker, Linda McKnight Miller, Janice McKnight, Jeffery McKnight, Ernest B. Mcknight, Jr., Jamison McKnight, , to me known (or proved to me on the basis of satisfactory evidence) to be the person(s) described in and who executed the foregoing instrument, and acknowledged the execution as a free act and deed.

DIANE K. MANN STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY My Commission Expires 01-24-2017

Notary

My Commission Expires: _____

State of Tennessee

County of Williamson

AFFIDAVIT

The undersigned declares under oath that the actual consider or value, whichever is greater, for this transfer is: $60,000.00.

Affiant

Sworn and subscribed before me this 23 day of March, 2015.

Notary

My Commission Expires: 12-18-2016

KATHY D. BARKER STATE OF TENNESSEE NOTARY PUBLIC WILLIAMSON COUNTY

Tracy Biggers

STATE OF TENNESSEE

COUNTY OF Rutherford

ON THIS 17th DAY OF MARCH, 2015, BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED TRACY BIGGERS, TO ME KNOWN (OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE PERSON DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED THE EXECUTION AS A FREE ACT AND DEED.

Lisa W. Harrell
NOTARY PUBLIC

MY COMMISSION EXPIRES: 1-5-2016

LISA W. HARRELL
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY, TENN.

STATE OF TENNESSEE
Office of Vital Records

F266748

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 051621

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): Ernest Bob McKnight Sr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 7, 2012
4. TIME OF DEATH: 3:20 am
5a. AGE-Last Birthday (Years): 80
5b. UNDER 1 YEAR: Months
5c. UNDER 1 DAY: Days
5d. UNDER 1 DAY: Hours
6. DATE OF BIRTH (Month, Day, Year): February 28, 1932
7. BIRTHPLACE (City and State or Foreign Country): Murfreesboro, TN.

8a. PLACE OF DEATH (Check only one): ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other residence ☐ Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): Travecca Health & Rehab Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson
9. MARITAL STATUS: ☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. USUAL OCCUPATION (Type of work done during most of working life, even if retired): Truck Driver
11b. KIND OF BUSINESS/INDUSTRY: Nashville Machine Supply
12a. SOCIAL SECURITY NUMBER: [redacted]832
12b. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13a. COUNTY: Davidson
13b. CITY OR TOWN: Nashville
13c. STREET AND NUMBER: 1337 Pennock Ave.
13d. APT. NO.
13e. ZIP CODE: 37207
13f. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death):
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☒ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is of Hispanic origin.)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)
☐ Unknown

16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be):
☐ White
☒ Black or African American
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)
☐ Unknown

17a. INFORMANT'S NAME (Type/Print): Enus McKnight
17b. RELATIONSHIP TO DECEDENT: Jeanette Trimble
17c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1337 Pennock Ave., Nashville, Tn, 37207
18a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
18b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood Cemetery
18c. LOCATION - City or Town, State: Nashville, Tn
19a. SIGNATURE OF FUNERAL DIRECTOR: Terrell Brandy
19b. LICENSE NUMBER: 4009
19c. NAME OF FUNERAL DIRECTOR: Terrell Brandy
19d. LICENSE NUMBER: 4117
20a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Brandy Funeral Home, Inc. 3655 Clarksville Pike, Nashville, Tn, 37218
20b. LICENSE NUMBER OF FUNERAL HOME: 1137
21a. SIGNATURE OF LOCAL REGISTRAR: Deborah Saunders
21b. DATE FILED (Month, Day, Year): Nov 14, 2012

22a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date, time, place, and due to the cause(s) and manner stated.
22b. ☐ 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 stated.
22c. SIGNATURE OF CERTIFIER: [signature] MD
22d. LICENSE NUMBER: 27976
22e. DATE SIGNED (Month, Day, Year): 11/15/12
22f. NAME AND ADDRESS OF CERTIFIER (Type/Print): Kathleen Norris MD, 2525 West End Ave, Nashville, TN 37203

23. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. cardiac arrest
Sequentially list conditions, if any, leading to the cause on line a. Enter the UNDERLYING CAUSE (or the initiating event resulting in death) LAST: b. CHF
c. HBP
d.
Approximate Interval: Onset to death

24. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
DM, Alzheimers, PVD
25a. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No
25b. WERE AUTOPSY PERFORMED? ☐ Yes ☐ No

26. MANNER OF DEATH: ☐ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
27. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
28. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
29. MANNER OF INJURY: ☐ Work (Employee) ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
30a. INJURY AT WORK? ☐ Yes ☐ No
30b. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area, street or highway): (Specify)
31a. DESCRIBE HOW INJURY occurred:
31b. LOCATION OF INJURY (Street and Number, City or Town, State)

Page 1 of 2 (Rev. 10/2011)
VSA 1569

#1

6306140

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

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

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

6306140 10/25/2013
Date Issued

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37219-5402

I hereby certify the below to be a true and correct copy of the official document on file this department. Valid ONLY when embossed seal of the Tennessee Department of Health a Environment and red imprinted signature of the State Registrar are affixed.

Paula Taylor

Paula Taylor
State Registrar

FEB 24 1989

Paula Taylor
STATE REGISTRAR

14644
2.
14644 — BIRTH NO.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

STATE FILE 88-036060

4986

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Norma Jean McKnight
2. DATE OF DEATH (MONTH, DAY, YEAR): October 16, 1988
3a. AGE—LAST BIRTHDAY (YEARS): 54
3b. UNDER 1 YEAR: MOS. / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEARS): 06-09-34
5a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)): Black
5b. ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC (SPECIFY)): American
6. SEX: Female
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Baptist Hospital
7e. IF HOSP. OR INST., INDICATE DOA, Or(Emer. Rm., Inpatient (Specify): Inpatient
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, (WIDOWED, DIVORCED (SPECIFY)): Divorced
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): None
12a. SOCIAL SECURITY NUMBER: [redacted]931
12b. SERVICE IN ARMED FORCES (SPECIFY YES OR DATES OF SERVICE): None
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: N/A
14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Nashville
14d. STREET AND NUMBER: 1337 Pennock Av
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.:
15. FATHER—NAME: Thomas W. Young
16. MOTHER—MAIDEN NAME: Mattie Cunningham
17. INFORMANT—NAME: Linda G. Miller
MAILING ADDRESS: 833 Clayton Av. Nashville, TN.
18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): Oct. 21, 1988
18c. CEMETERY OR CREMATORY—NAME: Greenwood
18d. LOCATION (CITY OR TOWN, STATE): Nashville, TN.
19a. FUNERAL DIRECTOR (SIGNATURE): Charles or Hamilton
19b. LICENSE NO.: 1520
19c. EMBALMER (SIGNATURE): Jack E. Otey
19d. LICENSE NO.: 1059
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Hamilton Mortuary, Nashville, TN
21a. REGISTRAR—SIGNATURE: Mary C. Pentecost
21b. DATE RECEIVED BY LOCAL REGISTRAR: Oct. 21, 1988
22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Kermit R Brown DEGREE: M
22b. DATE SIGNED (MONTH, DAY, YEAR):
23a. MEDICAL EXAMINER— ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: TITLE:
23b. DATE SIGNED (MONTH, DAY, YEAR):
24a. CERTIFIER—NAME (TYPE OR PRINT): Kermit R. Brown, M.D.
24b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP):

25. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Cardiovascular Collapse — Hours
DUE TO, OR AS A CONSEQUENCE OF (b): Aspiration Pneumonia — Hours
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (c): Myocardial Infarction — Hours

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Cancer of the Breast
26. AUTOPSY (YES OR NO): No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27b. DATE OF INJURY (MONTH, DAY, YEAR):
27c. HOUR:
27d. DESCRIBE HOW INJURY OCCURRED:
27e. INJURY AT WORK (SPECIFY YES OR NO):
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY):
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE
310 Great Circle Road, 3W
NASHVILLE, TENNESSEE 37243
(866) 797-9469 / Fax (615) 532-7322

April 22, 2014

Janice McKnight
1337 Pennock Ave.
Nashville, TN 37207

RE: Estate of Ernest McKnight
Davidson County Probate Court

Dear Ms. McKnight:

This letter serves as notification of the release of the State of Tennessee's TennCare claim against the referenced estate pursuant to T.C.A. § 71-5-116(c)(2). This release of claim is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to T.C.A. Section 71-5-2601 *et seq*.

This release is provided pursuant to T.C.A. § 71-5-116(c)(2). Although decedent was enrolled in TennCare and did receive nursing facility benefits, TennCare will not pursue recovery due to insufficiency of assets of the estate, after deduction of any administrative or funeral expenses, from which TennCare could recover.

If you require additional information concerning this matter, please do not hesitate to contact my office.

Sincerely,

Paula D. Godsey
Associate General Counsel

PDG/vkb
cc: HMS/TPL Division

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I, Thomas N. Jones, do hereby make oath that I am a licensed attorney and/or the custodian of the electronic version of the attached document tendered for registration herewith and that this is a true and correct copy of the original document executed and authenticated according to law.

THOMAS N. JONES

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me, Leigh Anne Sailors, a notary public for this county and state, Thomas N. Jones, who acknowledges that this certification of an electronic document is true and correct and whose signature I have witnessed.

NOTARY PUBLIC

My Commission Expires: 8-11-18

