1335-B 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 14:57 7 pgs
Fees:38.00 Taxes:222.00
20150326-0026264

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 07115 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. 242 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. 242 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.

Notary

My Commission Expires:

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

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

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

T 2066745

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 (Military)	3:20 am
5a. AGE-Last Birthday (Years)	80
5b. UNDER 1 YEAR (Months)	
5c. UNDER 1 DAY (Days)	
5d. UNDER 1 HOUR (Minutes)	
6. DATE OF BIRTH (Month, Day, Year)	February 28, 1932
7. BIRTHPLACE (City and State or Foreign Country)	Murfreesboro, TN.
8. 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)
9. FACILITY NAME (If not institution, give street and number)	Trevecca Health & Rehab Center
10. CITY OR TOWN	Nashville
11. COUNTY OF DEATH	Davidson
12. MARITAL STATUS	☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown
13. SURVIVING SPOUSE (If wife, give name prior to first marriage)	
14. DECEDENT'S USUAL OCCUPATION	Truck Driver
15. KIND OF BUSINESS/INDUSTRY	Nashville Machine Supply
16. SOCIAL SECURITY NUMBER	[redacted]-0832
17a. RESIDENCE-STATE OR FOREIGN COUNTRY	Tennessee
17b. COUNTY	Davidson
17c. CITY OR TOWN	Nashville
17d. STREET AND NUMBER	1337 Pennock Ave.
17e. INSIDE CITY LIMITS	☒ Yes ☐ No
17f. ZIP CODE	37207
18. WAS DECEDENT EVER IN THE ARMED FORCES?	☐ Yes ☒ No
19. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)	Some high school but no diploma; 9th grade or less; 10th, 11th or 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
20. 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
21. 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; ☐ Other Asian (Specify); ☐ Native Hawaiian; ☐ Guamanian or Chamorro; ☐ Samoan; ☐ Other Pacific Islander (Specify); ☐ Other (Specify); ☐ Unknown
22. FATHER'S NAME (First, Middle, Last)	Enus McKnight
23. MOTHER'S MAIDEN NAME (First, Middle, Last)	Jeanette Trimble
24. INFORMANT'S NAME	Janice McKnight
25. RELATIONSHIP TO DECEDENT	Daughter
26. MAILING ADDRESS (Street and Number, City, State, Zip Code)	1337 Pennock Ave., Nashville, Tn. 37207
27. METHOD OF DISPOSITION	☐ Burial ☐ Cremation ☐ Donation ☐ Removal from State ☐ Other (Specify)
28. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	Greenwood Cemetery
29. LOCATION - City or Town and State	Nashville, Tn
30a. SIGNATURE OF FUNERAL DIRECTOR	Terrell Broady
30b. LICENSE NUMBER	4009
31a. SIGNATURE OF EMBALMER	Terrell Broady
31b. LICENSE NUMBER	4117
32. NAME AND ADDRESS OF FUNERAL HOME	Terrell Broady Funeral Home, Inc. 3055 Clarksville Pike, Nashville, Tn. 37218
33. LICENSE NUMBER OF FUNERAL HOME	1137
34. SIGNATURE OF REGISTRAR	[signature]
35. DATE FILED (Month, Day, Year)	Nov. 14, 2012
36a. CERTIFIER	☒ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. ☐ 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.
36b. LICENSE NUMBER	27926
36c. DATE SIGNED (Month, Day, Year)	11/15/12
36d. NAME AND ADDRESS OF CERTIFIER	Kathleen Heroux MD, 2525 Murphy Ave, Nashville, TN 37203
37a. CERTIFIER	[signature] MD
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; Due to or as a consequence of: b. CHF; Due to or as a consequence of: c. Stroke; Due to or as a consequence of: d.
Approximate Interval: Onset to death	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	DM, Alcoholism, PVD
38. WAS CASE REFERRED?	☐ Yes ☒ No
39. WAS AUTOPSY PERFORMED?	☐ Yes ☒ No
40. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	☐ Yes ☐ No
41. MANNER OF DEATH	☐ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined
42. DID TOBACCO CONTRIBUTE TO DEATH?	☐ Yes ☐ Probably ☒ No ☐ Unknown
43. 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
44. IF TRANSPORTATION INJURY, SPECIFY:	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
45a. DATE OF INJURY (Month, Day, Year)	
45b. TIME OF INJURY	
45c. INJURY AT WORK?	☐ Yes ☐ No
45d. PLACE OF INJURY (e.g., home, street, factory, office building, etc.)	
45e. DESCRIBE HOW INJURY OCCURRED	
45f. LOCATION OF INJURY (Street and Number, City or Town, State)	

PHS-1029 (Rev. 10/2011)

#1

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.

6306140

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

14094
2-
14094-

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

4986 A LEGAL PERLY EXE-

BIRTH NO.

STATE FILE 88-036060

1. DECEASED—NAME (First, Middle, Last)			2. DATE OF DEATH (Month, Day, Year)
Norma	Jean	McKnight	October 16, 1988

3a. AGE—Last Birthday (Years)	Under 1 Year: 3b. Months / Days	Under 1 Day: 3c. Hours / Min.	4. DATE OF BIRTH (Month, Day, Years)	5a. RACE (White, Black, American Indian, Etc. (Specify))	5b. ORIGIN OR DESCENT—(Italian, Mexican, German Etc (Specify))	6. SEX
54			06-09-34	Black	American	Female

7a. COUNTY OF DEATH	7b. CITY, TOWN OR LOCATION	7c. INSIDE CITY LIMITS (Specify Yes or No)	7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, specify private residence, business, street, etc.)	7e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm., Inpatient (Specify)
Davidson	Nashville	Yes	Baptist Hospital	Inpatient

8. STATE OF BIRTH (If not in U.S.A.—Name country)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)
Tennessee	U.S.A.	Divorced	None

12a. SOCIAL SECURITY NUMBER (If none, so state)	12b. SERVICE IN ARMED FORCES (Specify Yes or Dates of Service)	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	13b. KIND OF BUSINESS OR INDUSTRY
[redacted]-9931	None	Housewife	N/A

14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. STREET AND NUMBER	14e. INSIDE CITY LIMITS (Specify Yes or No)	14f. CENSUS TRACT NO.
Tennessee	Davidson	Nashville	1337 Pennock Av	Yes	

15. FATHER—NAME	16. MOTHER—MAIDEN NAME	17. INFORMANT—NAME	MAILING ADDRESS
Thomas W. Young	Mattie Cunningham	Linda G. Miller	833 Clayton Av. Nashville, TN.

18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	18b. DATE (Month, Day, Years)	18c. CEMETERY OR CREMATORY—NAME	18d. LOCATION (City or Town, State)
Burial	Oct. 21, 1988	Greenwood	Nashville, TN.

19a. FUNERAL DIRECTOR (Signature)	19b. LICENSE NO.	19c. EMBALMER (Signature)	19d. LICENSE NO.
Charles W. Hamilton	1520	Jack E. Otey	1059

20. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	21a. REGISTRAR—SIGNATURE	21b. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year)
Hamilton Mortuary, Nashville, TN	Mary C. Pentecost	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	DEGREE	22b. DATE SIGNED (Month, Day, Year)
	Kermit R Brown	I	

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)	24b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
Kermit R. Brown, M.D.	

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, Years)	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
(856) 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

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

