Davidson County DEEDWARR
Recvd: 03/26/15 15:43 7 pgs
Fees:38.00 Taxes:488.40
20150326-0026317

1337 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

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 cb 1019 Millwood Ave Ashland City, TN 37015	New Owner

TAX MAP PARCEL NUMBERS: 07115018100

WARRANTY DEED

FOR AND IN CONSIDERATION of the sum of $132,000.00, 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 Nos. 239 and 240 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. 239 and 240 front 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 improved property, known as 1337 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, and Tracy Biggers, 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 12-24-2017

State of Tennessee

County of Williamson

AFFIDAVIT

The undersigned declares under oath that the actual consideration or value, whichever is greater, for this transfer is: $132,000.00.

Affiant

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

Notary

My Commission Expires: 12-18-2016

KATHY D. PARKER
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



STATE OF TENNESSEE
Office of Vital Records

1206749

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 061621

1. DECEDENT'S LEGAL NAME (Include AKA's if any)	Ernest Bob McKnight Sr.
2. SEX	Male
3. DATE OF DEATH (Month, Day, Year)	November 7, 2012
4. TIME OF DEATH	3:20 am
5. DATE OF BIRTH (Month, Day, Year)	February 25, 1932
6. AGE (Last Birthday) (Years)	80
7. BIRTHPLACE (City and State or Foreign Country)	Murfreesboro, TN.
8a. PLACE OF DEATH (Check only one)	Hospital
8b. DEATH OCCURRED IN A HOSPITAL	Inpatient
8c. DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL	Nursing home/long term care facility
8d. FACILITY NAME (If not institution, give street and number)	Trevecca Health & Rehab Center
8e. CITY OR TOWN	Nashville
8f. COUNTY OF DEATH	Davidson
9. MARITAL STATUS	Divorced
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)	
11a. USUAL OCCUPATION (Type of work done during most of working life)	Truck Driver
11b. KIND OF BUSINESS/INDUSTRY	Nashville Machine Supply
12. SOCIAL SECURITY NUMBER	408-48-0832
13a. RESIDENCE-STATE OR FOREIGN COUNTRY	Tennessee
13b. COUNTY	Davidson
13c. CITY OR TOWN	Nashville
13d. STREET AND NUMBER	1337 Pennock Ave.
13e. INSIDE CITY LIMITS	Yes
13f. ZIP CODE	37207
14. WAS DECEDENT EVER IN THE ARMED FORCES?	No
15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)	High school graduate or GED completed
16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is of Hispanic/Latino origin.)	No, not of Hispanic/Latino origin
17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)	White
18. PAYMENT SOURCE (If "Self," Middle, Last)	Ernie McKnight
19. INFORMANT'S NAME PRIOR TO FIRST MARRIAGE (If no marriage, Last)	Jeanette Trimble
20a. INFORMANT'S NAME (First, Middle, Last)	Janice McKnight
20b. INFORMANT'S RELATIONSHIP TO DECEDENT	Daughter
20c. INFORMANT'S ADDRESS (Street and Number, City, State, Zip Code)	1337 Pennock Ave., Nashville, Tn. 37207
21a. METHOD OF DISPOSITION	Burial
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	Greenwood Cemetery
21c. LOCATION - City or Town and State	Nashville, Tn
22a. SIGNATURE OF FUNERAL DIRECTOR	Terrell Broady
22b. LICENSE NUMBER	4009
22c. SIGNATURE OF EMBALMER	Terrell Broady
22d. LICENSE NUMBER	4117
22e. NAME AND ADDRESS OF FUNERAL HOME	Terrell Broady Funeral Home, Inc. 4655 Clarksville Pike, Nashville, Tn. 37218
22f. LICENSE NUMBER OF FUNERAL HOME	1137
23a. SIGNATURE OF REGISTRAR	
23b. DATE FILED (Month, Day, Year)	Nov 12, 2012
24a. I CERTIFY THAT DEATH OCCURRED	at the time, date, and place and due to the cause(s) stated.
24b. 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.	
25a. SIGNATURE OF CERTIFIER	
25b. LICENSE NUMBER	23226
25c. DATE SIGNED (Month, Day, Year)	11/13/12
25d. NAME AND ADDRESS OF CERTIFIER	Kathleen Mawn MD, 2525 West End Ave Ste 1500
26. 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 arrhythmia
Sequentially list conditions, if any, leading to the cause on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. CHF
	c. AFIB
	d.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	DM, Atherosclerosis, PVD
27. Interval between onset and death	
28. WAS AN AUTOPSY PERFORMED?	No
29. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	No
30. MANNER OF DEATH	Natural
31. DID TOBACCO USE CONTRIBUTE TO DEATH?	No
32. IF FEMALE:	Not pregnant within past year
33. IF TRANSPORTATION INJURY, SPECIFY:	Driver or Operator
34. DATE OF INJURY (Month, Day, Year)	
35. TIME OF INJURY	
36. WORK RELATED INJURY?	No
37. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) (Specify)	
38a. DESCRIBE HOW INJURY OCCURRED	
38b. LOCATION OF INJURY (Street and Number, City or Town, State)	

RDA 1996

#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

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

14064
14194 — BIRTH NO.

STATE FILE 88-036060

1. DECEASED—NAME: 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, YEAR): 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, OP/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 (IF NONE, SPECIFY): 411-56-9931	12b. SERVICE IN ARMED FORCES (SPECIFY WAR 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): Paula W. 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 (MO.): 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: X 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.	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24b.					

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

AUTOPSY (YES OR NO): 25. No

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	27b. DATE OF INJURY (MONTH, DAY, YEAR)	27c. HOUR	27d.	27e. 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

