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) 876-2550
Email: hmskiplaw@comcast.net
From paperwork provided by clients –
No Title examination requested.

Bill Garrett Davidson County
Batch# 38804 AFFIDAVITH
12/18/2017 01:29:16 PM 20 pgs
Fees: $102.00 Taxes: $0.00
20171218-0128680

NEW OWNERS:

Ruth K. Leister
3464 Knight Drive
Whites Creek, TN 37189

Map & Parcel No: 04900029800

SEND TAX NOTICE TO:

Ruth K. Leister
3464 Knight Drive
Whites Creek, TN 37189

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Comes the Affiant, Ruth K. Leister, being first duly sworn according to law, and being of lawful age and residing for the past 30 or more years in Davidson County, State of Tennessee, and in and around 6013 Bayside Key Drive, Tampa, Florida, pursuant to Section 30-2-712 of the Tennessee Code Annotated hereby swear to the following of her own free will and based upon her personal knowledge and familiarity:

1. As evidenced by a Certificate of Death attached hereto as Exhibit "A", Newton Lee Knight Jr., died testate on 5 August 2017.

2. The decedent died leaving no spouse. The decedent was married twice during his lifetime. Decedent first married Ruth K. Knight, and they had one child, Debra Lee Knight. They later divorced. Decedent then married Helen Christine Knight. They had no children. On 30 June 2001, Helen Christine Knight, predeceased Newton Lee Knight Jr. as evidenced by Certificate of Death attached hereto as Exhibit "B", leaving

no children. On 6 June 2008, Debra Lee Knight, predeceased Newton Lee Knight Jr. as evidenced by Certificate of Death attached hereto as Exhibit "C".

3. The decedent died leaving no biological children.

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

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

Being the property conveyed to Newton L. Knight Jr. by deed from Newton L. Knight Jr., Martha Frances Knight Sadler and Marion Davis Knight Brown, of record in Book 5175, Page 345. Newton L. Knight Jr., having conveyed a ½ undivided interest to Helen C. Kemp A/K/A Helen Christine Knight creating a tenant in common ownership by deed recorded in Book 5184, page 95, Register's Office Davidson County, Tennessee.

This is improved property located at 3464 Knight Drive, Whites Creek, Tennessee, 37189.

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

REFERENCE is made to prior title recorded in Book 5184, Page 95, Register's Office Davidson County, Tennessee.

5. Ruth K. Leister received a one hundred percent (100%) interest in the real estate described above by virtue of being the recipient of the real estate by testate estate of Newton Lee Knight Jr., deceased, as evidenced by the following:

a. Certified copy of Will of Newton Lee Knight Jr., see EXHIBIT "E"
b. Certified copy of Order to admit will to probate, see EXHIBIT "F"

6. As evidenced by a Release from the Tennessee Bureau of TennCare attached hereto as Exhibit "G", the decedent did not receive any 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.

8. This Affidavit will confirm the vesting of title to the real property located at 3464 Knight Drive, Whites Creek, Davidson County, Tennessee, after the death of Newton Lee Knight Jr., and Debra Lee Knight, in Ruth K Leister, being a beneficiary under the Will of Newton Lee Knight Jr.

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 beneficiary under the Will of Newton Lee Knight Jr.

Further, Affiants saith not.

Dated this 14th day of December, 2017.

Ruth K. Leister

SWORN TO AND SUBSCRIBED before me on this the 14th day of December, 2017.

NOTARY PUBLIC

My Commission expires:

Ruth K. Leister

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 11-5-2019

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared Ruth K. Leister, the within named child, 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 14th day of December, 2017.

NOTARY PUBLIC

My Commission expires:

HOWARD M. SKIPWORTH STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 11-5-2019

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

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Newton L. Knight, Jr.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 6, 2017
4. TIME OF DEATH (Approx.): 12:48 pm
5a. AGE-Last Birthday (Years): 88
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): December 19, 1928
7. BIRTHPLACE (City and State or Foreign Country): Nashville, TN

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ 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): Alive Hospice
8c. CITY OR TOWN: Madison
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. DECEDENT'S USUAL OCCUPATION: Postal Carrier
11b. KIND OF BUSINESS/INDUSTRY: Postal Service

12. SOCIAL SECURITY NUMBER: [redacted]8
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TN
13b. COUNTY: Davidson
13c. CITY OR TOWN: Whites Creek
13d. STREET AND NUMBER: 3464 Knight Rd.
13e. INSIDE CITY LIMITS: ☒ Yes ☐ No
13f. ZIP CODE: 37189
14. WAS DECEDENT EVER IN US ARMED FORCES? ☒ Yes ☐ No

NAME OF DECEDENT (For use by Physician or Jurisdiction)

15. 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

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

17. 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

PARENTS

18. FATHER'S NAME (First, Middle, Last): Newton L. Knight, Sr.
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lillian Carney

DISPOSITION

20a. INFORMANT'S NAME: Ruth Leister
20b. RELATIONSHIP TO DECEDENT: Former Spouse
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 6013 Bayside Key Dr. Tampa, FL 33615

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Spring Hill Cemetery
21c. LOCATION - City or Town and State: Nashville, TN

5th 8 3rd

REGISTRAR

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Randall A. Watson
22b. LICENSE NUMBER: 16243
22c. SIGNATURE OF EMBALMER: ▶ Randall A. Watson
22d. LICENSE NUMBER: 16223
23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home 5110 Gallatin Rd. Nashville, TN 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 1046
24. REGISTRAR'S SIGNATURE: ▶ Jo Ann R. Ellwanger DR
25. DATE FILED (Month, Day, Year): 8/16/2017

CERTIFIER

26. CERTIFIER (Check only one):
26a. ☒ PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.
26b. ☐ 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.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: 48446
27c. DATE SIGNED (Month, Day, Year): 8/11/17
27d. NAME AND ADDRESS: Laura Thorpe 1718 Patterson Street, Nashville, TN 37203

MEDICAL CERTIFICATION

28. 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. Prostate Cancer
Due to (or as a consequence of)
b.
Due to (or as a consequence of)
c.
Due to (or as a consequence of)
d.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

Approximate interval: Onset to death

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

29a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

30. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
32. 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

33. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? ☐ Yes ☐ No
34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED
34f. LOCATION OF INJURY (Street and Number, City or Town, State)

PH-1659 (Rev. 10/2011) RDA 1399

09485544

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.

AUG 16 2017

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

0 9 4 8 5 5 4 4

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date

EXHIBIT A

CERTIFICATION OF VITAL RECORD

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

0103716

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): Helen Christine Knight
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 30, 2001
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-LAST BIRTHDAY (Years): 82
6. DATE OF BIRTH (Month, Day, Year): Dec. 4, 1918
7. BIRTHPLACE (City and State or Foreign Country): Smith County, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 [X] No
9a. PLACE OF DEATH (Check only one): 1 [X] Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Baptist 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): Newton L. Knight, Jr.
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Bookeeper
12b. KIND OF BUSINESS/INDUSTRY: Parking Lot Company
13a. RESIDENCE-STATE: Tennessee
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Whites Creek
13d. STREET AND NUMBER OR RURAL LOCATION: 3464 Knight Rd.
CENSUS TRACT
19a. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 37189
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): 12; College (1-4 or 5+): 2

PARENTS

17. FATHER'S NAME (First, Middle, Last): Thomas Tyler Kemp
18. MOTHER'S NAME (First, Middle, Maiden Surname): Florence Duke

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Newton Lee Knight, Jr.
19b. RELATIONSHIP TO DECEASED: Husband
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3464 Knight Rd., Whites Creek, TN 37189

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): Spring Hill Cemetery
20c. LOCATION-City or Town, State: Madison, TN
21a. SIGNATURE OF FUNERAL DIRECTOR: Kenneth Wayne Parker
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 3011
21c. SIGNATURE OF EMBALMER: Kenneth Wayne Parker
21d. LICENSE NUMBER OF EMBALMER: 3483
22a. NAME AND ADDRESS OF FUNERAL HOME: Alexander Funeral Home, 584 Nashville Pk., Gallatin, TN 37066
22b. LICENSE NUMBER OF FUNERAL HOME: 876

REGISTRAR

23. REGISTRAR'S SIGNATURE: Robert W. Rhodenbaugh
24. DATE FILED (Month, Day, Year): July 10, 2001

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and hour, and due to the cause(s) and manner as stated. 1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: Peter Green
25b. LICENSE NUMBER: MD0013402
25c. DATE SIGNED (Month, Day, Year): 7/3/01
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)

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. Respiratory failure.
DUE TO (OR AS A CONSEQUENCE OF): b. Aspiration pneumonia
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: DUE TO (OR AS A CONSEQUENCE OF): c. CVA
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 [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 [ ] 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-1059 (REV. 6/98) RDA 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

09/12/01
Date Issued

EXHIBIT B

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO.

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last, Suffix)			2. SEX
Debra	Lee	Knight	Female

3. DATE OF BIRTH (Month, Day, Year)	4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR (Months / Days)	4c. UNDER 1 DAY (Hours / Minutes)	5. DATE OF DEATH (Month, Day, Year)
July 01, 1952	55			June 06, 2008

6. SOCIAL SECURITY NUMBER	7. BIRTHPLACE (City and State or Foreign Country)	8. COUNTY OF DEATH
[redacted]	Nashville, Tennessee	Hillsborough

9. PLACE OF DEATH (Check only one) — HOSPITAL: X Inpatient ___ Emergency Room/Outpatient ___ Dead on Arrival; NON-HOSPITAL: ___ Hospice facility ___ Nursing Home/Long Term Care Facility ___ Decedent's Home ___ Other (Specify)

10. FACILITY NAME (If not institution, give street address)	11a. CITY, TOWN, OR LOCATION OF DEATH	11b. INSIDE CITY LIMITS?
Tampa General Hospital	Tampa	X Yes ___ No

12. MARITAL STATUS (Specify) — ___ Married ___ Married, but Separated ___ Widowed ___ Divorced X Never Married

13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)

14a. RESIDENCE - STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION
Florida	Hillsborough	Tampa

14d. STREET ADDRESS	14e. APT NO	14f. ZIP CODE	14g. INSIDE CITY LIMITS?
6013 Bayside Key Drive		33615	___ Yes X No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired"	15b. KIND OF BUSINESS/INDUSTRY
Consultant	Insurance

16. DECEDENT'S RACE (Specify the races/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)
X White ___ Black or African American ___ American Indian or Alaskan Native (Specify tribe)
___ Asian Indian ___ Chinese ___ Filipino ___ Japanese ___ Korean ___ Vietnamese ___ Other Asian (Specify)
___ Native Hawaiian ___ Guamanian or Chamorro ___ Samoan ___ Other Pacific Isl. (Specify) ___ Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if Decedent was of Hispanic or Haitian Origin.) ___ Yes (If Yes, specify) X No ___ Mexican ___ Puerto Rican ___ Cuban ___ Central/South American ___ Other Hispanic (Specify) ___ Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)	19. WAS DECEDENT EVER IN U.S. ARMED FORCES?
___ 8th or less ___ High school but no diploma ___ High school diploma or GED ___ College but no degree College degree (Specify): ___ Associate X Bachelor's ___ Master's ___ Doctorate	___ Yes X No

20. FATHER'S NAME (First, Middle, Last, Suffix)	21. MOTHER'S NAME (First, Middle, Maiden Surname)
Newton Lee Knight	Ruth Kathy Brooks

22a. INFORMANT'S NAME	22b. RELATIONSHIP TO DECEDENT	23a. INFORMANT'S MAILING - STATE
Ruth K Leister	Mother	Florida

23b. CITY OR TOWN	23c. STREET ADDRESS	23d. ZIP CODE
Tampa	6013 Bayside Key Drive	33615

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	25a. LOCATION - STATE	25b. LOCATION - CITY OR TOWN
Bay Area Crematory	Florida	Clearwater

26a. METHOD OF DISPOSITION ___ Burial ___ Entombment X Cremation ___ Donation ___ Removal from State ___ Other (Specify)

26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED?	27a. LICENSE NUMBER (of Licensee)	27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
X Yes ___ No	F043620	▶ Carole Crouse

28. NAME OF FUNERAL FACILITY	28a. FACILITY'S MAILING - STATE
Blount & Curry F. H. Oldsmar/West Hillsborough Chapel	Florida

28b. CITY OR TOWN	28c. STREET ADDRESS	28d. ZIP CODE
Tampa	6802 Silvermill Dr.	33635

MEDICAL CERTIFIER — State of Florida, Department of Health, Vital Statistics

30. CERTIFIER: X Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) ___ Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.

31a. (Signature and Title of Certifier)	31b. DATE SIGNED (mm/dd/yyyy)	32. TIME OF DEATH (24 hr.)	33. MEDICAL EXAMINER'S CASE NUMBER
▶	6/11/08	1627	

34a. LICENSE NUMBER (of Certifier)	34b. CERTIFIER'S NAME	35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)
41932	Mitchel S. Hoffman, MD	

36a. CERTIFIER'S - STATE	36b. CITY OR TOWN	36c. STREET ADDRESS	36d. ZIP CODE
Florida	Tampa	2A Columbia Drive 4th Floor	33606

37. SUBREGISTRAR - Signature and Date	38a. LOCAL REGISTRAR - Signature	38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.)
▶ Jasmathie Coles 6-12-2008		JUN 13 2008

VOID IF ALTERED OR ERASED

JUN 16 2008

CHIEF DEPUTY REGISTRAR

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECOR

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WA SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPE AND SEALS IN THERMOCHROMIC INK.

EXHIBIT "C"

FLORIDA DEPARTMENT OF HEALTH

DH FORM 1946 (08-04)

24572465

CERTIFICATION OF VITAL RECORD

EXHIBIT "D"

Land in the 12th Civil District of Davidson County, being Tract "A" on the survey by Ernest Medlin, not of record, dated June 20, 1977.

BEGINNING at a point in the westerly margin of Knight Road at an iron pin, said point being 1,857 feet more or less, north of the intersection of Green Lane; thence north 87° 11' 50" West 1,173.54 feet to an iron pin; thence North 11° 43' 40" West 154.0 feet to an iron pin; thence North 89° 50' 18" East 1,236.34 feet to an iron pin in the westerly margin of Knight Road; thence 214.2 feet South 8° 50' 10" West to the point of beginning, said tract containing 5.01 acres, more or less.

LAST WILL AND TESTAMENT

OF

NEWTON LEE KNIGHT, JR.

I, NEWTON LEE KNIGHT, JR., of 3464 Knight Road, Whites Creek, Davidson County, Tennessee, being of sound mind and disposing memory, do make, declare, and publish this my last will and testament, hereby revoking all former wills and codicils to wills heretofore made by me.

ARTICLE 1
PROVISIONS RELATIVE TO FIDUCIARIES

1.1 Definition. The term "fiduciaries" means the executor, executrix, trustee, or guardian serving at any time under my will and includes successors.

1.2 Bond. No bond is required of any fiduciary appointed under this will or by a court.

1.3 Waiver of Inventory and Appraisals. I authorize my executor to administer and settle my estate without the necessity of filing an inventory or making any reports or final settlement with any court to the extent permitted by law. I expressly waive appraisal of my estate in the event an appraisal is required by law.

1.4 Resignation. The fiduciary serving under this will may resign at any time by giving written notice of the resignation to any remaining fiduciary, and to any successor fiduciary or to the person having the power to appoint a successor fiduciary or to the court having jurisdiction to appoint a successor fiduciary.

ARTICLE 2
DEFINITIONS

2.1 My Spouse. My beloved wife, Helen C. Knight, predeceased the making of this my Last Will and Testament on 30 June 2001.

2.2 My Children. My beloved child DEBRA LEE KNIGHT, predeceased the making of this will on June 8, 2008; she never married and had no children.

EXHIBIT "E"

2.3 Singular and Masculine Usage. Any use of the masculine includes the feminine, and the singular the plural, when such meaning is appropriate.

ARTICLE 3
FIDUCIARIES

3.1 PERSONAL REPRESENTATIVE. I appoint RUTH K. LEISTER, of 6013 Bayside Key Drive, Tampa, Florida, 33615, as personal representative of my will. If RUTH K. LEISTER fails to qualify or ceases to serve, then I appoint CAROLYN ANN UNDERWOOD, of Clarksville, Tennessee, as personal representative of my will.

ARTICLE 4
PAYMENT OF DEBTS, EXPENSES AND TAXES

4.1 Debts, Funeral and Administration Expenses. My executor is to pay all burial expenses, the expenses of my last illness, and the administration expenses of my estate.

4.2 Income Tax Treatment of Administration Expenses. My executor may claim each estate administration expense as a deduction on the U.S. Estate Tax Return or on any U.S. Income Tax Return for my estate. No compensating adjustments between the income and principal are to be made because of such decision.

4.3 Taxes.

(a). Defined. The terms "taxes" means any transfer tax assessed because of my death for which my estate is liable and includes any penalty or interest assessed.

(b). Payment. My executor is to pay all taxes payable on the transfer of each piece of property caused by my death whether the property transferred is a part of the property passing under my will or is property passing outside my will. My executor is to pay the taxes from my Remainder Estate.

ARTICLE 5
DISTRIBUTION OF TANGIBLE PERSONAL PROPERTY

5.1 I give all my personal property and household effects, family photos, photographs, including all furniture, library, work of art, chinaware, glassware, and silverware used or located about my residence, my jewelry and clothing to my residuary estate.

ARTICLE 6
DISTRIBUTION OF REAL PROPERTY

6.1 I devise all of the real property I may own at the time of my death to my residuary estate.

ARTICLE 7
DEALING WITH FIDUCIARIES

7.1 Dealing with Executor. No person dealing with the executor in any capacity is bound to inquire into the capacity to act on the part of the executor or into the authority for, or propriety of, any act of the executor or to see to the application or disposition of any money or other property paid, delivered, or loaned to the executor.

7.2 Income During Administration. During the administration of my estate, the executor is authorized to make distributions of the income of the estate to the same person, and in the same proportions, as might be made if the administration were completed.

7.3 Power to Disclaim. Each person entitled to receive an interest under this instrument may disclaim such interest in whole or in part if such person has not accepted such interest or any of its benefits. The person will not be treated as accepting an interest or any of its benefits if the person takes physical possession of the property solely to protect it against loss or damage and, if such person is not otherwise appointed a fiduciary, I appoint such person a special fiduciary for the purpose of protecting the property.

7.4 Joint Accounts. If any of my accounts are joint accounts with right of survivorship, it is my intention that these joint accounts pass to the surviving joint owner at my death.

7.5 Indemnity of Fiduciary. I want my fiduciary to exercise its discretion without fear of incurring a liability or expense. Therefore, unless it acts capriciously or arbitrarily, my estate must indemnify the fiduciary for each monetary expense (including attorney fees) which it incurs or expends, or which arises from the exercise of discretion.

ARTICLE 8
RESIDUARY CLAUSE

8.1 I give my residuary estate, which shall consist of all property or money owned by me at the time of my death, and not otherwise effectively disposed of in this Will,

including all insurance proceeds or other death benefits that are payable to my estate, but excluding any property over which I may have a power of appointment, less all valid claims asserted against my estate, and all expenses incurred in administering my estate, including expenses of administering non-probate assets as follows:

1. If my Personal Representative shall determine that enough net funds are available, I give to my dear friend, Carolyn Ann Underwood, of Clarksville, Tennessee, forty thousand and 00/100 ($40,000.00) Dollars;
2. If Dora Dean Young, of Lebanon, Tennessee, is still alive and not in a long term facility (e.g. rest home), I direct my Personal Representative, if net funds are available, pay to Wayne Neal, her son, ten thousand and 00/100 ($10,000,00) Dollars for her benefits; and
3. I give the remainder of my residuary estate to my dear friend and helper, Ruth K. Leister.

ARTICLE 9

Should any beneficiary under this will, in any manner, directly or indirectly attack or contest this will or any of its provisions, any share or interest in my estate given to that contesting beneficiary under this will is revoked and shall be disposed of in the same manner provided herein as if that contesting beneficiary had predeceased me.

ARTICLE 10
SIGNATURE

This Will consists of four (4) pages (each of which I have signed or initialed) covering Articles 1 through 10 inclusive. I now sign this as my Will on this the 18th day of November, 2013, and pursuant to Tennessee Code Annotated Subsection 32-2-110, I request the attesting witnesses to make the Affidavit attached to this Will.

IN WITNESS WHEREOF, I have set my hand this 18th day of November, 2013.

Newton Lee Knight Jr
NEWTON LEE KNIGHT, JR.

This is page four of my Will. NLK Jr
Initials

SIGNED, DECLARED and PUBLISHED by the said **NEWTON LEE KNIGHT, JR.**, as and for his last Will, in the presence of us, the undersigned, who, at his request and in his sight and presence, and in the sight and presence of each other, have subscribed our names hereto as attesting witnesses the day and date written.

NAME	ADDRESS
Mazella H Melton Mazella H Melton (Print name)	3345 Union Hill Rd Joelton, TN 37080

NAME	ADDRESS
Gayle Sherrill Gayle Sherrill (Print name)	3127 Union Hill Rd. Joelton, TN 37080

AFFIDAVIT PROVING WILL

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Before me, the undersigned Notary Public, personally appeared the undersigned affiants, whose names are subscribed to the instrument to which this Affidavit is attached and, after being duly sworn, declared to me that, in their sight and presence **NEWTON LEE KNIGHT, JR.**, signed, declared and published the instrument to which this Affidavit is affixed or annexed as the testator's will; and requested them to act as witnesses to its execution and to execute this Affidavit; that in the testator's sight and presence and in the sight and presence of each other, each affiant signed the instrument as witness; and that the testator was at that time 18 years of age or over, was of sound mind and disposing memory, was fully capable of making a will and was under no duress, compulsion or constraint.

NAME
Mazella N. Melton
Mazella H. Melton
(Print name)

ADDRESS
3345 Union Hill Rd
Joelton, Tn 37080

NAME
Gayle Sherrill
Gayle Sherrill
(Print name)

ADDRESS
3127 Union Hill Rd.
Joelton, TN 37080

Subscribed and sworn to before me
this 18th day of November, 2013.

NOTARY PUBLIC

My Commission Expires:

DANIEL K. SKIPWORTH
NOTARY PUBLIC
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

MY COMMISSION EXPIRES:
November 3, 2015

IN THE **SEVENTH** CIRCUIT COURT (**PROBATE DIVISION**), FOR DAVIDSON COUNTY, **TWENTIETH** JUDICIAL DISTRICT, STATE OF TENNESSEE AT NASHVILLE

In Re: Probate of the Last Will of **NEWTON LEE KNIGHT JR.**, deceased.

FILED

RUTH K. LEISTER, Petitioner.

Case No. 17P579

SEP 21 2017

RICHARD R. ROOKER, Clerk
By _____ Deputy

ORDER OF PROBATE

This cause was presented on the 21st day of September 2017, before the Honorable Special Master, Probate Division, Seventh Circuit Court, Twentieth Judicial District, Davidson County, upon the following, to-wit:

1. Verified Petition of Ruth K. Leister to probate a paper writting purporting to be the Last Will of Newton Lee Knight Jr., dated 18 November 2013, wherein Newton Lee Knight Jr., now deceased, signed his name thereto and Mazella H. Melton and Gayle Sherrill are the subscribing witnesses, with the Affidavit of the subscribing witnesses as authorized by **Tennessee Code Annotated, Section 32-2-110,** attached to the Petition, admitted to probate as the whole, true and Last Will and Testament of Newton Lee Knight Jr., deceased;

2. ~~Statement of Counsel, and~~

3. The entire record in this cause.

And it appearing to the Court as follows, to-wit:

1. That Newton Lee Knight Jr., died on 5 August 2017, at the age of Eighty-Eight (88) years;

2. That at the time of his death, Newton Lee Knight Jr., usual place of

EXHIBIT F

residence was 3464 Knight Road, Whites Creek, Davidson County, Tennessee.

3. That Petitioner, Ruth K. Leister, is a former wife and one of the beneficiaries of Newton Lee Knight Jr., deceased; and, therefore, all the persons who would take an interest under that paper writing dated 18 November 2013, and purporting to be the Last Will and Testament of Newton Lee Knight Jr., or in the estate in case of intestacy are before the Court.

4. That on or about 18 November 2013, Newton Lee Knight Jr., executed a paper writing purporting to be his Last Will and Testament and whereon his name is signed thereto with Affidavits of subscribing witnesses as authorized by **Tennessee Code Annotated, Section 32-2-110;**

5. That the paper writing dated 18 November 2013, was duly executed pursuant to **Tennessee Code Annotated, Section 32-1-104;**

6. That the paperwriting dated 18 November 2013, was not revoked by Newton Lee Knight Jr. during his lifetime;

7. That the paper writing names Petitioner, Ruth K. Leister, to serve as Personal Representatives and excuses bond, inventory and all accountings.

The Court therefore finds and it is accordingly **ORDERED, ADJUDGED and DECREED** as follows, to-wit:

1. That the paper writing identified as the Last Will and Testament of Newton Lee Knight Jr., now deceased, is the true and whole Last Will and Testament of the said Newton Lee Knight Jr., deceased.

~~2. That the contents of the paper writing are established by **EXHIBIT B** attached to the Petition.~~

3. That Newton Lee Knight Jr., died 5 August 2017, a resident of Whites Creek, Davidson County, Tennessee, and that, at the time of his death, the original paper writing dated 18 November 2013, had not been revoked.

And it further appearing to the Court from the Sworn Affidavits of the subscribing witnesses, Mazella H. Melton and Gayle Sherrill, as authorized by **Tennessee Code Annotated, Section 32-2-101,** that said paper writing dated 18 November 2013, was executed by Newton Lee Knight Jr. in his lifetime, as and for his Last Will and Testament and in the sight and presence of the subscribing witnesses who, at his request, in his sight and presence and in the sight and presence of each other, subscribed their names thereto as attesting witnesses;

And it further appearing to the Court from the Sworn Affidavit of subscribing witnesses, Mazella Melton and Gayle Sherrill, that said paper writing was executed on the date it bears date and that, at the time of execution thereof, Newton Lee Knight Jr. was of sound mind and disposing memory and more than eighteen (18) years of age;

It therefore is **ORDERED, ADJUDGED and DECREED** that said paper writing dated 18 November 2013, a copy of which is attached as **EXHIBIT B** to the Petition is the true and whole Last Will and Testament of the said Newton Lee Knight Jr., deceased, and that the Original be, and it is hereby, admitted to probate as the true and whole Last Will and Testament of the said Newton Lee Knight Jr., deceased; and the Clerk is directed to file and record the Original as the true and whole Last Will and Testament of the said Newton Lee Knight Jr., deceased, pursuant to **Tennessee Code Annotated, Section 16-2-506.**

It further is **ORDERED, ADJUDGED** and **DECREED** as follows, to-wit:

1. That Ruth K. Leister be, and she is hereby, appointed Personal Representatives of the Estate of Newton Lee Knight Jr., deceased, and that Letters Testamentary/Authority be issued to her upon her appearing, taking oath and otherwise qualifying as required by law; and that bond is excused pursuant to **Tennessee Code Annotated, Section 30-1-201 (a) (1) (A).**

2. That notice of this filing be issued to creditors pursuant to **Tennessee Code Annotated, Section 30-2-306.**

3. That filing an Inventory is waived pursuant to **Tennessee Code Annotated, Section 30-2-301 (a).**

4. That filing all court accountings are waived pursuant to **Tennessee Code Annotated, Section 30-2-601 (a) (4)(A)(B).**

5. That, if this matter is not closed within fifteen months (15) months form the date of this Order, a status report shall be filed with the Clerk of the Court.

Enter this 21st day of September 2017

PROBATE, Special MASTER

PREPARED AND APPROVED FOR ENTRY:

HOWARD M. SKIPWORTH
S. C. Reg. No. 12469
Attorney for Petitioners
6408 Clarksville Pike
P. O. Box 489
Joelton, TN 37080
Tel: (615) 876-2550
E-mail: hmskiplaw@comcast.net

CERTIFICATE OF SERVICE

I hereby certify that a true and exact copy of the foregoing has been forwarded by U.S. Mail, with sufficient postage prepaid, to the following, to-wit:

Name:	Carolyn Ann Underwood
Age:	Adult
Relationship:	Helper
Address:	69 Current Street Clarksville, TN 37040
Name:	Wayne Neal
Age:	Adult
Relationship:	Friend
Address:	908 Tuckaho Drive Madison, TN 37115
Name:	Martha Sudberry
Age:	Adult
Relationship:	Niece
Address:	578 Benzing Road Antioch, TN 37013
Name:	Roy E. Perry Jr.
Age:	Adult
Relationship:	Nephew
Address:	1118 Riverwood Drive Nashville, TN 37216
Name:	Virginia Gayle Saber
Age:	Adult
Relationship:	Niece
Address:	Unknown
Name:	Carolyn Ann Preston
Age:	Adult
Relationship:	Niece
Address:	Unknown

This the 21st day of September, 2017.

HOWARD M. SKIPWORTH
S.C. Reg. No. 012469
Attorney for Petitioner
6408 Clarksville Highway
Post Office Box 489
Joelton, Tennessee 37080
Telephone: 615.876.2550
Email: hmskiplaw@comcast.net

Cc: Ms. Ruth K. Leister
3464 Knight Road
Whites Creek, TN 37189

State of Tennessee
Department of Finance and Administration
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

Bill Haslam
Governor

Larry B. Martin
Commissioner

10/27/2017

HOWARD SKIPWORTH
LEGAL COUNSEL
P O BOX 489
JOELTON, TN 37080

RE: NEWTON KNIGHT
Last Four Of SSN 4173

Dear HOWARD 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,

Jangela J. Howard

EXHIBIT G