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

Bill Garrett Davidson County
Batch# 38866 AFFIDAVITH
12/18/2017 02:39:47 PM 18 pgs
Fees: $92.00 Taxes: $0.00
20171218-0128753

NEW OWNERS:

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

Map & Parcel No:
04900029900

SEND TAX NOTICE TO:

Ruth K. Leister
3464 Knight Road
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 swears 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 n/k/a Ruth K. Leister, 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. As evidenced by Certified copy of Debra Lee Knight's handwritten will attached hereto as Exhibit "D", probated in the State of Florida, fail to mention any ownership interest in real property in the state of Tennessee. Moreover, said handwritten will failed to name any residuary beneficiaries.

4. Newton Lee Knight Jr. died leaving no biological children. The decedent never gave birth or adopted any other child or children.

4. At the time of his death, Newton Lee Knight Jr. owned a 3/4th interest in 0 lot described as follows to wit:

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

Being the same property conveyed to Newton L. Knight Jr. and Debra Lee Knight by deed from Virginia Gayle Sarbor (Saber) and Carolyn Ann Preston, of record in Instrument Number 20010720-0077399, Register's Office for Davidson County, Tennessee.

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

REFERENCE is made to prior title recorded in Instrument Number 20010720-0077399, Register's Office for Davidson County, Tennessee.

5. The undersigned received a one-forth (1/4) undivided interest in the real estate described above by virtue of being an intestate heir of Debra Lee Knight and a three-forth (3/4) undivided interest in the real estate described above by being the recipient of the real estate under the provisions of Newton Lee Knight Jr.'s. Will, probated in the Seventh Circuit Court, Probate Division of Davidson County, State of Tennessee, Case

No. 17P-1579, evidenced by Certified Copy of Newton Lee Knight Jr.'s Will attached as Exhibit F.

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

7. There are no debts or encumbrances remaining that are or might become a lien on the interest in the described real estate.

8. This Affidavit will confirm the vesting of title to the real property located at 0 Knight Drive, Whites Creek, Davidson County, Tennessee, after the death of Debra Lee Knight and Newton Lee Knight Jr., in Ruth K. Leister.

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.

Further, Affiants saith not.

Dated this 14th day of December, 2017.

Ruth K. Leister
Beneficiary

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

NOTARY PUBLIC
My Commission expires:

STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY MY COMMISSION EXPIRES 11-5-2019

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

Ruth K. Leister
Beneficiary

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 beneficiary, with whom I am

personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that she executed the foregoing instrument for the purposes therein contained as her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said county, on this 14th day of December, 2017.

Howard M. Skipworth
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 5, 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): [redacted]
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]
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 Institution)

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
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

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ William R. Ely DR
25. DATE FILED (Month, Day, Year): 8/16/2017

CERTIFIER

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

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.
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.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Prostate Cancer	
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	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): d.	

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

29a. WAS AN AUTOPSY PERFORMED? ☐ 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

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: 1 [X] Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA; 4 [ ] Other: 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.
13e. 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. Rhoden
24. DATE FILED (Month, Day, Year): July 10, 2001

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN
25b. LICENSE NUMBER: M0013402
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.

SEE INSTRUCTIONS ON OTHER SIDE

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Respiratory failure
DUE TO (OR AS A CONSEQUENCE OF): b. Aspiration pneumonia
DUE TO (OR AS A CONSEQUENCE OF): c. CVA
DUE TO (OR AS A CONSEQUENCE OF): d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

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:

TN-1058 (REV. 8/99) RDA 1396

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

CERTIFICATION OF VITAL RECORD

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO.

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

MEDICAL CERTIFIER

VOID IF ALTERED OR ERASED

1. DECEDENT'S NAME (First, Middle, Last, Suffix): Debra Lee Knight				2. SEX: Female
3. DATE OF BIRTH (Month, Day, Year): July 01, 1952	4a. AGE-Last Birthday (Years): 55	4b. UNDER 1 YEAR: Months / Days	4c. UNDER 1 DAY: Hours / Minutes	5. DATE OF DEATH (Month, Day, Year): June 06, 2008
6. SOCIAL SECURITY NUMBER: [redacted]	7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee			8. COUNTY OF DEATH: 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): Tampa General Hospital	11a. CITY, TOWN, OR LOCATION OF DEATH: Tampa	11b. INSIDE CITY LIMITS? 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: Florida	14b. COUNTY: Hillsborough	14c. CITY, TOWN, OR LOCATION: Tampa
14d. STREET ADDRESS: 6013 Bayside Key Drive	14e. APT NO:	14f. ZIP CODE: 33615
14g. INSIDE CITY LIMITS? ___ Yes X No		
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired": Consultant	15b. KIND OF BUSINESS/INDUSTRY: Insurance	

16. DECEDENT'S RACE (Specify the race/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 Is. (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.)
___ 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

19. WAS DECEDENT EVER IN U.S. ARMED FORCES? ___ Yes X No

20. FATHER'S NAME (First, Middle, Last, Suffix): Newton Lee Knight	21. MOTHER'S NAME (First, Middle, Maiden Surname): Ruth Kathy Brooks	
22a. INFORMANT'S NAME: Ruth K Leister	22b. RELATIONSHIP TO DECEDENT: Mother	23a. INFORMANT'S MAILING - STATE: Florida
23b. CITY OR TOWN: Tampa	23c. STREET ADDRESS: 6013 Bayside Key Drive	23d. ZIP CODE: 33615
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Bay Area Crematory	25a. LOCATION - STATE: Florida	25b. LOCATION - CITY OR TOWN: 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? X Yes ___ No	27a. LICENSE NUMBER (of Licensee): F043620	27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ► Carole Clouse
28. NAME OF FUNERAL FACILITY: Blount & Curry F. H. Oldsmar/West Hillsborough Chapel		28a. FACILITY'S MAILING - STATE: Florida
28b. CITY OR TOWN: Tampa	28c. STREET ADDRESS: 6802 Silvermill Dr.	28d. ZIP CODE: 33635

30. CERTIFIER (Check one): 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. ___ 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): ► [signature]	31b. DATE SIGNED (mm/dd/yyyy): 6/11/08	32. TIME OF DEATH (24 hr.): 1627	33. MEDICAL EXAMINER'S CASE NUMBER
34a. LICENSE NUMBER (of Certifier): 41933	34b. CERTIFIER'S NAME: Mitchel S. Hoffman, MD	35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
36a. CERTIFIER'S - STATE: Florida	36b. CITY OR TOWN: Tampa	36c. STREET ADDRESS: 2A Columbia Drive 4th Floor	36d. ZIP CODE: 33606
37. SUBREGISTRAR - Signature and Date: ► Tasmallie Coles 6-12-2008	38a. LOCAL REGISTRAR - Signature: ► [signature]		38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.): JUN 13 2008

[signature]
CHIEF DEPUTY REGISTRAR

JUN 16 2008

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON F

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

DH FORM 1946 (08-04)

24572465 CERTIFICATION OF VITAL RECORD

EXHIBIT "C"

FLORIDA DEPARTMENT OF HEALTH

FILED
2008 JUL 30 PM 4:08
CLERK CIRCUIT COURT
HILLSBOROUGH CNTY. FLA.
PROBATE

Form A235

LAST WILL AND TESTAMENT

BE IT KNOWN, that I, Delia Lee Knight of 6013 Bayside Key Drive, County of Hillsborough, in the State of Florida (Tampa) being of sound mind, do make and declare this to be my Last Will and Testament expressly revoking all my prior Wills and Codicils at any time made.

I. **PERSONAL REPRESENTATIVE:**

I appoint Kathy (Ruth) Leister of Beech Mtn Banner Elk, N.C., as Personal Representative of this my Last Will and Testament and provide if this Personal Representative is unable or unwilling to serve then I appoint Newton Lee Knight of 3464 Knight Road, as alternate Personal Representative. My Personal Representative shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses. I further provide my Personal Representative shall not be required to post surety bond in this or any other jurisdiction, and direct that no expert appraisal be made of my estate unless required by law.

II. **GUARDIAN:**

In the event I shall die as the sole parent of minor children, then I appoint , as Guardian of said minor children. If this named Guardian is unable or unwilling to serve, then I appoint as alternate Guardian.

III. **BEQUESTS:**

I direct that after payment of all my just debts, my property be bequeathed in the manner following:

1. Condo at 6013 Bayside Key to Kathy Leister & Hand the Contents and all furnishings, Leister.
2. My car 1994 Nissan Maxumim to Newton Lee Knight.
3. any monies in savings & Checking to be divided equally between Newton Lee Knight, & Kathy Leister.
4. all Life Insurance & Sweet Dixie 401 K plan to Kathy Leister.

INSTRUMENT#: 2008276211, O BK 18789 PG 925-926 08/05/2008 at 08:56:29 AM, DEPUTY CLERK: TJORDAN Pat Frank, Clerk of the Circuit Court Hillsborough County

CIRCUIT PROBATE DIVISION

DLK
Testator Initials

Execute and attest before a notary. Caution: Louisiana residents should consult an attorney before preparing a will.

(Revised 1/95)

EXHIBIT D

IN WITNESS WHEREOF, I have hereunto set my hand this 10th day of Oct, 19 95, to this my Last Will and Testament.

Debra Lee Knight
Testator Signature

IV. **WITNESSED:**

The testator has signed this will at the end and on each other separate page, and has declared or signified in our presence that it is his/her last will and testatment, and in the presence of the testator and each other we have hereunto subscribed our names this day of , 19 .

Diane L. Griffin — 3401 Waterloo Ct #D Tampa, FL
Witness Signature — Address

Diana M Porter — 3325 Bayshore Blvd C-18 Tampa FL
Witness Signature — Address

Melanie A. Jones — 5000 Nimes Ave. #331 Tampa, FL. 33611
Witness Signature — Address

State of Florida
County of Hillsborough
We, Debra Lee Knight, _____, _____, and _____,
the testator and the witnesses, respectively, whose names are signed to the attached and foregoing instrument, were sworn and declared to the undersigned that the testator signed the instrument as his/her Last Will and that each of the witnesses, in the presence of the testator and each other, signed the will as a witness.

Testator: Debra Lee Knight

Witness Diane L. Griffin
Witness Diana M Porter
Witness Melanie A. J

On Oct. 10, 1995 before me, Debra Lee Knight appeared
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature Natalia D. Carr
Signature of Notary
Notary Public-State of Florida
Comm. No. CC160056; Expires 12-13-97
(Seal) Identification Produced: Fla. Drivers

Affiant ____ Known ✓ Produced ID
Type of ID _____

STATE OF FLORIDA)
COUNTY OF HILLSBOROUGH)
THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN MY OFFICE. WITNESS MY HAND AND OFFICIAL SEAL THIS 13 DAY OF Oct, 20 17

PAT FRANK, CLERK
BY _____ D.C.

© E-Z Legal Forms. Before you use this form, read it, fill in all blanks, and make whatever changes are necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. E-Z Legal Forms and the retailer make no representation or warranty, express or implied, with respect to the merchantability of this form for an intended use or purpose.

INSTRUMENT#: 2008276212, BK: 18789 PG: 927 PGS: 927 - 927 08/05/2008 at 08:56:29 AM, DEPUTY CLERK: TJORDAN Pat Frank, Clerk of the Circuit Court Hillsborough County

IN THE CIRCUIT COURT FOR HILLSBOROUGH COUNTY, FLORIDA
PROBATE DIVISION

IN RE: ESTATE OF
DEBRA LEE KNIGHT

File No. 08-1872

Division A

Deceased.

FILED
2008 JUL 30 PM 3:01
CLERK CIRCUIT COURT
HILLSBOROUGH COUNTY, FLA.

LETTERS OF ADMINISTRATION
(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, Debra Lee Knight, a resident of 6013 Bayside Key Drive, Tampa, Florida 33615 died on June 6, 2008, owning assets in the State of Florida, and

WHEREAS, Kathy Leister has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare Kathy Leister duly qualified under the laws of the State of Florida to act as personal representative of the estate of Debra Lee Knight, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on July 30, 2008.

Circuit Judge

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN MY OFFICE AND THE SAME IS IN FULL FORCE AND EFFECT
THIS 23 DAY OF AUG 2009

PAT FRANK
CLERK OF THE CIRCUIT COURT
BY D.C
AS DEPUTY CLERK

CIRCUIT PROBATE DIVISION

Bar Form No. P-3.0700
© Florida Lawyers Support Services, Inc.
January 1, 2008

EXHIBIT "E"

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

Beginning at a point marked by an iron pin in the westerly margin of Knight Road, said point marking the common boundary between Tract "A" and Tract "B" of said property; thence south 89° 50' 18" West 1,236.34 feet to an iron pin; thence North 11° 43' 40" West 149.3 feet to an iron pin; thence North 87° 34' 32" East 1,298.57 feet to an iron pin in the westerly margin of Knight Road; thence South 8° 50' 10" West 200 feet to the point of beginning, said tract containing 5.00 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 "F"

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.

This is page two of my Will RKL Jr
Initials

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
5345 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:

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

MY COMMISSION EXPIRES:
November 3, 2015

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,

Tangela J. Howard

EXHIBIT G