THIS DOCUMENT PREPARED BY:

Elder Law of Nashville PLC
4525 Harding Pike, Suite 200
Nashville, TN 37205

NEW OWNERS: Susan Snow, 732 Adkisson Lane, Nashville, TN 37205
William Clay Knight, Jr., 418 Grapevine Ave., Madison, TN 37115

Map & Parcel No.: 052 09 0 092.00

Address: 418 Grapevine Ave.
Madison, TN 37115

Karen Johnson Davidson County
Batch# 222834 **AFFIDAVITH**
04/26/2019 01:59:31 PM 4 pgs
Fees: $22.00 Taxes: $0.00



20190426-0038739

SEND TAX NOTICE TO: William Clay Knight, Jr.
418 Grapevine Ave.
Madison, TN 37115

AFFIDAVIT OF INHERITANCE

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

The undersigned, Julie Clark., being duly sworn, deposes and says:

Hubert Clay Knight died on May 30, 2000, as shown by a copy of his death certificate attached hereto. At the time he died, Hubert Clay Knight was married to Catherine Josephine "Jo" Knight, and they had two children, Susan Knight Snow and William Clay Knight. Thereafter, on August 19, 2012, William Clay Knight died, as shown by a copy of his death certificate attached hereto William had one child, a son, William Clay Knight, Jr. On May 17, 2018, Catherine Josephine "Jo" Knight died leaving as heirs her daughter, Susan Knight Snow, and her grandson, William Clay Knight, Jr.

The undersigned is a longtime family friend and next-door neighbor of Hubert Clay Knight and Catherine Josephine "Jo" Knight, and their children, Susan Knight Snow and William Clay Knight, having known them since 1977, and is therefore personally familiar with the Knights' family and marital history. I currently reside at 416 Grapevine Ave, Madison, TN 37115.

This property is known as 418 Grapevine Ave., Madison, TN 37115.

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 beneficiaries.

Signed this 12th day of April, 2019.

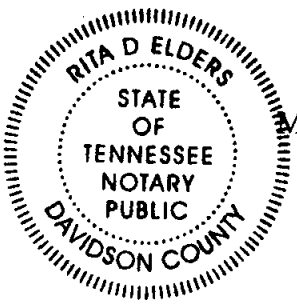
Julie Clark

BEFORE me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared affiant, 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 the foregoing instrument in my presence, and who, upon oath, acknowledged that he/she executed the foregoing instrument for the purposes therein contained as his/her free act and deed.

IN WITNESS, WHEREOF, I have hereunto set my hand affixed my seal at my office in said County, on this 12th day of April, 2019.

Rita D. Elders

Notary Public



My Commission Expires: 5/6/19.

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 beneficiaries.

Metropolitan Government of Nashville and Davidson County

Bill Purcell, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23RD AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 862-5900

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

John O. Rainey
LOCAL REGISTRAR

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): Hubert Clay Knight	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): 5-30-2000	
4. SOCIAL SECURITY NUMBER: -8702	5a. AGE-LAST BIRTHDAY (Years): 78	5b. UNDER 1 YEAR: MOS. DAYS	5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year): 1-24-22	7. BIRTHPLACE (City and State or Foreign Country): Red Boiling Springs, TN		

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 [X] Yes 2 [ ] No

8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER: 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): Nashville Memorial	9c. CITY, TOWN, OR LOCATION OF DEATH: Madison	9d. COUNTY OF DEATH: Davidson

6
3rd

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Catherine J. Hancock	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Freight Agent	12b. KIND OF BUSINESS/INDUSTRY: Illinois Central Railroad

13a. RESIDENCE-STATE: Tennessee	13b. COUNTY: Davidson	13c. CITY, TOWN OR LOCATION: Madison	13d. STREET AND NUMBER OR RURAL LOCATION: 818 Grapevine Ave.

CENSUS TRACT

13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No	13f. ZIP CODE: 37115	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [ ] No Specify, if yes:	15. RACE-American Indian, Black, White, etc. White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): Colleges (1-4 or 5+)

NAME OF DECEDENT Pre-filled by preparer is information

PARENTS

17. FATHER'S NAME (First, Middle, Last): Hubert O. Knight	18. MOTHER'S NAME (First, Middle, Maiden Surname): Georgia Ann Hudson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Susan Knight Snow	19b. RELATIONSHIP TO DECEASED: Daughter	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 732 Adkisson, Nashville, TN 37205

20a. METHOD OF DISPOSITION: 1 [ ] 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: Nashville, TN

FUNERAL DIRECTOR

21a. SIGNATURE OF FUNERAL DIRECTOR: ▸Jim Grisham	21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4229	21c. SIGNATURE OF EMBALMER: ▸Adam Rodgers	21d. LICENSE NUMBER OF EMBALMER: 4622

22a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home, 5110 Gallatin Rd., Nashville, TN 37216	22b. LICENSE NUMBER OF FUNERAL HOME: 1046

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸Robert W. Rhodes Jr.	24. DATE FILED (Month, Day, Year): June. 07, 2000

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 ▸ [signature]

25b. LICENSE NUMBER: 008800	25c. DATE SIGNED (Month, Day, Year): 6/5/00

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)

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

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
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Sudden death	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: b. Probable arrhythmia or pulmonary embolism	DUE TO (OR AS A CONSEQUENCE OF):	immediate
c. (Due to) Lymphoma	DUE TO (OR AS A CONSEQUENCE OF):	
d.		

SEE INSTRUCTIONS ON OTHER SIDE

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 [X] No	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [ ] Yes 2 [X] No

30. MANNER OF DEATH: 1 [✓] 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: M	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-1659
REV 3-98

RDA 1399

STATE OF TENNESSEE
Office of Vital Records

1205093

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER [redacted] 2012 040127

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): William Clay Knight
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 19, 2012
4. TIME OF DEATH (Hours): 10:19 am
5a. AGE-Last Birthday (Years): 58
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 18, 1953
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee

TYPE/PRINT IN PERMANENT BLACK INK

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 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): Skyline Medical Center
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Angela Dixon
11a. DECEDENT'S USUAL OCCUPATION: Coordinator
11b. KIND OF BUSINESS/INDUSTRY: Ozburn Hessey Company
12. SOCIAL SECURITY NUMBER: 8452
12a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
12b. COUNTY: Davidson
12c. CITY OR TOWN: Madison
13. STREET AND NUMBER: 922 Sun Valley Drive
13a. INSIDE CITY LIMITS: [X] Yes [ ] No
13b. ZIP CODE: 37115
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? [ ] Yes [X] No

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
[X] 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)
[X] 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)
[X] 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

18. FATHER'S NAME (First, Middle, Last): Hubert Knight
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Josephine Hancock

20a. INFORMANT'S NAME: William Knight, Jr.
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 922 Sun Valley Drive Madison, TN 37115

21a. METHOD OF DISPOSITION: [X] 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, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Dillon Wines
22b. LICENSE NUMBER: 8443
22c. SIGNATURE OF EMBALMER: ▶ N/A
22d. LICENSE NUMBER: N/A
23a. NAME AND ADDRESS OF FUNERAL HOME: Spring Hill Funeral Home & Cemetery 5110 Gallatin Road Nashville, TN 37216
23b. LICENSE NUMBER OF FUNERAL HOME: 1046

24. REGISTRAR'S SIGNATURE: ▶ Linda L Barnes, RR
25. DATE FILED (Month, Day, Year): August 30, 2012

26. CERTIFIER (Check only one)
26a. [X] 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.

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

27a. SIGNATURE OF CERTIFIER: ▶ [signature]
27b. LICENSE NUMBER: MD19869
27c. DATE SIGNED (Month, Day, Year): 8/19/12
27d. NAME AND ADDRESS

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. Cardiac Arrest	
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	b. Ischemic Heart D/S Due to (or as a consequence of)	
	c. Type I DM Due to (or as a consequence of)	
	d. ESRD	

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

28a. WAS AN AUTOPSY PERFORMED? [ ] Yes [ ] No
28b. 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-1609 (Rev. 8/2011)
RDA 1389

11050374

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.

Edward G. Bishop III
State Registrar

1 1 0 5 0 3 7 4
Date Issued: MAR 22 2019

CERTIFICATION OF VITAL RECORD