Karen Johnson
Batch # 1159994
07/22/2024 08:20:03 AM
Fees: $17.00 Taxes: $0.00
Davidson County
AFFIDAVITH
3 pgs
20240722-0054436

THIS INSTRUMENT PREPARED BY:	STATE OF IOWA COUNTY OF Linn
MARTIN HELLER POTEMPA & SHEPPARD, PLLC 2122 21st Avenue South Nashville, Tennessee 37212 (615) 800-7096	The actual consideration for this transfer is: $0.00. Ray Andy Buck AFFIANT Subscribed and sworn to before me, this 3rd day of July 2024. Heather Osborn NOTARY PUBLIC My Commission Expires: March 24, 2025
An independent title search was not conducted in the preparation of this Affidavit. All information was provided by the Affiant.	

HEATHER OSBORN
Commission Number 838327
My Commission Expires
March 24, 2025

Address New Owner:	Send Tax Bills To:	Tax Information:
Robert Knight 2711 Iris Ave NW Cedar Rapids, Iowa 52405	New Owner	106-13-0H-002.00

AFFIDAVIT OF HEIRSHIP

1. My name is **Ray Andy Buck** ("Affiant"). I currently reside in Linn County, State of Iowa. I am an adult, and I am competent to give the testimony in this sworn Affidavit. My testimony herein is based upon my personal knowledge.

2. **Bruce Knight** (hereinafter "Decedent") was my wife's uncle, and I knew him for approximately seven (7) years.

3. Decedent died on April 22, 2024, as a resident of Davidson County, Tennessee. His Death Certificate is attached hereto as **Exhibit 1**. To my knowledge, he died without a Last Will and Testament and his intestate estate has been opened for probate administration under Docket No. 24P1129 in the Seventh Circuit Court for Davidson County, Tennessee.

4. At the time of his passing, Decedent owned real property located at **2084B WHITNEY AVENUE, NASHVILLE, TENNESSEE 37210** (the "Property"). The Property is more fully and particularly described as follows:

> A certain townhome located in Davidson County, Tennessee, being Unit No. B of 2084 Whitney Avenue Townhomes, a Horizontal Property Regime with Private Elements, a Townhome Development established pursuant to the provision of the Tennessee Horizontal Property Act as the same is set out in Section 66-27-101., et seq. of the

Tennessee Code Annotated, under the Declaration of Covenants, Conditions and Restrictions establishing 2084 Whitney Avenue Townhomes, a Horizontal Property Regime of record in Instrument Number 20170811-0082313, in the Register's office for Davidson County, Tennessee, and subject to the provisions and requirements thereof, and the By-Laws for the administration thereof, and al easements, rights and interest in favor of other unit owners, and al sewer, water, electrical, telephone, and other utility easements now or hereafter established over, through, or upon the land embracing the regime and buildings thereof, said Unit being depicted on Exhibit "B" to said Declaration, together with a percentage interest in the common elements as set forth in said Declaration.

Being the same property conveyed to Bruce A. Knight, a single man, by Warranty Deed from MC2 Group, Inc., a Tennessee Corporation, of record in Instrument No. 20180723-0071357, Register's Office for Davidson County, Tennessee.

5. The Decedent was unmarried at the time of his death and had no children, biological or adopted by him, during his lifetime.

6. Decedent was predeceased by his mother, Olivia D. Knight, on December 8, 2020. He is survived by his father, Robert Knight.

7. Therefore, Decedent's interest in the Property vested in fee simple absolute in **ROBERT KNIGHT**, his sole heir-at-law, immediately upon his death, pursuant to T.C.A. §31-2-103.

FURTHER AFFIANT SAYETH NOT.

SWORN this 3rd day of July 2024.

Ray Andy Buck, Affiant

STATE OF IOWA)
COUNTY OF Linn)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, **Ray Andy Buck,** the within named Affiant, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he executed the within instrument for the purposes therein contained.

Sworn to and subscribed before me, the undersigned Notary Public, this 3rd day of July 2024.

Heather Osborn
NOTARY PUBLIC
My commission expires: March 24, 2025

HEATHER OSBORN
Commission Number 838327
My Commission Expires
March 24, 2025

[redacted]

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 2024 024904

1. Decedent's Legal Name: BRUCE ALLEN KNIGHT			2. Sex: MALE	3. Date of Death: 04/22/2024
4. Time of Death (Approx.): 03:20	5a. Age: 60	6. Date of Birth: 05/09/1963	7. Birthplace: CEDAR RAPIDS, IA	
8a. Place of Death: HOSPICE FACILITY				
8b. Facility Name: THE RESIDENCE/ALIVE HOSPICE		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: NEVER MARRIED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: SOUND ENGINEER		11b. Kind of Business/Industry: ENTERTAINMENT
12. [redacted] Number.	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 2084 B WHITNEY AVENUE		13e. Inside City Limits?: YES	13f. Zip Code: 37210	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race: WHITE	
18. Father's Name: ROBERT LEROY KNIGHT		19. Mother's Name Prior to First Marriage: OLIVIA OSBORNE		
20a. Informant's Name: CHERI KNIGHT	20b. Relationship to Decedent: SISTER	20c. Mailing Address: 1107 ASHFORD DRIVE NE, CEDAR RAPIDS, IA 52402		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: CRAWFORD FUNERAL HOME		21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: /e/ RAYMOND VISOTSKI	22b. License Number: 20730	22c. Signature of Embalmer:		22d. License Number:
23a. Name and Address of Funeral Home: THE CREMATION COMPANY, 700 CRAIGHEAD ST, SUITE 100, NASHVILLE, TN 37204				23b. License Number: 1457
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 04/23/2024		

26. Certifier

26a ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, 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, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

27a. Certifier: /e/ LAURA THARPE	27b. License Number: 048448	27c. Date Signed: 04/23/2024
27d. Name and Address: LAURA THARPE 1718 PATTERSON STREET, NASHVILLE, TN 37203		

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. [redacted]	
Sequentially list conditions, if any, leading to the cause listed on line a.	b.	
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	c.	
	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?: NO

29b. Were Autopsy Findings Available to Complete the Cause of Death?:

30. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death?: NO	32. If Female: N/A	
33. If Transportation Injury, Specify:	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?
	34d. Place of Injury		
	34e. Describe How Injury Occurred		34f. Location of Injury

PH-1659E

RDA 10112

I certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Apr-24-2024

016231674

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE