Bill Garrett Davidson County
Batch# 123879 DEEDWARR
08/02/2018 08:54:04 AM 9 pgs
Fees: $47.00 Taxes: $0.00
20180802-0075543

EXECUTOR'S DEED

NORA EL-CHAER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

State of Tennessee
County of Davidson

The actual consideration for this transfer is $ 0

Affiant

Subscribed and sworn to before me, this the 23rd day of July, 2018.

Notary Public

My commission expires: May 03, 2021
(AFFIX SEAL)

THIS INSTRUMENT WAS PREPARED BY
West Nashville Law Group, PLLC
4800 Charlotte Avenue, Nashville, TN 37209

Address of New Owner(s) as follows:	Send Tax Bills To:	Map-Parcel Numbers
Kenneth Brown and Felix Brown	**OWNER**	**Map 083-01-0 Parcel 123.00**
946 Sharpe Avenue		
Nashville, TN 37206		

Wynell Ella Brown died on April 16, 2016, leaving a will dated January 9, 1981. A copy of the death certificate is attached as Exhibit A. The Will was admitted to probate on July 25, 2016 in the Seventh Circuit Court, Probate Division, for Davidson County, Tennessee, Docket No. 16P976. Kenneth Brown was appointed Administrator C.T.A. and duly qualified. All debts of the decedent have been paid. A copy of the TennCare Release is attached as Exhibit B. The Administrator by signing this Deed releases any right the executor has to recover this property in the event of the subsequent insolvency of this estate. In accordance with the provisions of the Last Will and Testament of Wynell Ella Brown, Kenneth Brown hereby sells, transfer and conveys to Kenneth Brown and Felix Brown, as Joint Tenants, the following described real property in Davidson county, Tennessee:

Land in Davidson County, Tennessee, being the easterly 60 feet of the westerly 70 feet of Lot No. 29 on the Plan of W. H. Hyronemus Addition as of record in book 161, page 174, Register's Office for Davidson County, Tennessee.

SAID part of said lot fronts 60 feet on the southerly side of Sharpe Avenue and extends back between parallel lines, 50 feet west of and parallel to Laurent Street, 168 feet to an alley.

BEING the same property conveyed to Tommy F. Hunt and wife, Virginia G. Hunt by deed from Robert C. Weaver, Secretary of Housing and Urban Development of record in book 4097, page 888, the said parties having since been divorced and property vested in Tommy F. Hunt by decree in Minute book 10-B Page 937, Probate Court for Davidson County, Tennessee, a certified copy of said decree being recorded in Book 4630 Page 374, Register's Office for Davidson County, Tennessee; thereafter premises were conveyed to Tommy Hunt

and wife, Margaret M. Hunt, as tenants by the entireties, by deed from Tommy Hunt, of record in book 4491, page 391, Said Register's Office.

Being the same property conveyed to Willie Lee Brown and wife, Wynell M. Brown, by deed from Tommy Hunt and wife, Margaret M. Hunt of record in Book 4630, Page 376.

TO HAVE AND TO HOLD said real estate, with all its appurtenances, to the said Kenneth Brown and Felix Brown, her successors and assigns, forever with full power to sell, lease, transfer, convey, or otherwise deal said real estate. Subject to the terms and conditions and matters as shown on the aforementioned plat of record, I, as administrator only, do covenant with the said grantee, that I, as executor only, are lawfully, seized and possessed of said land in fee simple, have a good right to convey it and the same is unencumbered.

No survey, title examination, and no title insurance has been made or acquired in this transfer.

This is Improved (x) Unimproved (__) property, known as: **946 Sharpe Avenue, Nashville, TN 37206.**

Witness my/our hand(s) this 23rd day of July, **2018.**

Kenneth Brown

Kenneth Brown, Administrator

Felix Brown by Kenneth Brown as Conservator

Felix Brown by Kenneth Brown, Conservator

Estate of Wynell E. Brown
By Kenneth Brown, Administrator

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named **Kenneth Brown,** the Administrator , 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.

Witness my hand and official seal at Nashville, Tennessee, this 23rd day of July, 2018.

Notary Public

My Commission Expires: May 03, 2021

NORA EL-CHAER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Estate of Wynell E. Brown
By Kenneth Brown, Administrator

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named **Kenneth Brown,** conservator for Felix Brown , 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 in the capacity therein stated and for the purposes therein contained.

Witness my hand and official seal at Nashville, Tennessee, this 23rd day of July, 2018.

Notary Public

My Commission Expires: May 03, 2021

NORA EL-CHAER STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

Exhibit A

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Willie Lee Brown		2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): May 21, 2014
4. TIME OF DEATH (Hour): 11:00 am	5a. AGE-Last Birthday (Years): 85	5b. UNDER 1 DAY: Months / Days	5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): March 11, 1929	7. BIRTHPLACE (City and State or Foreign Country): Columbia, Tn		

TYPE/PRINT IN PERMANENT BLACK INK

8. 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): University Medical Center	8c. CITY OR TOWN: Lebanon	8d. COUNTY OF DEATH: Wilson

9. MARITAL STATUS: [X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown	10. SURVIVING SPOUSE (If wife, give name prior to first marriage): Wynell Morton	11a. DECEDENT'S USUAL OCCUPATION: Bio Medical Eng	11b. KIND OF BUSINESS/INDUSTRY: Baptist Hospital
12. SOCIAL SECURITY NUMBER: 414-44-4431	12a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee	12b. COUNTY: Davidson	12c. CITY OR TOWN: Nashville
13a. STREET AND NUMBER: 946 Sharpe Ave.	13b. INSIDE CITY LIMITS: [X] Yes [ ] No	13c. ZIP CODE: 37206	14. WAS DECEDENT EVER IN US ARMED FORCES? [X] Yes [ ] No

NAME OF DECEDENT (For use by Physician or Medical Examiner)

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
[X] 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
[X] 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
[X] 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): Tommy Hugh Brown	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Agnes Mayberry	
20a. INFORMANT'S NAME: Kenneth Brown	20b. RELATIONSHIP TO DECEDENT: Son	20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 946 Sharpe Ave, Nashville, Tn. 37206

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood Cemetery	21c. LOCATION - City or Town and State: Nashville, Tn.	
22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Byrettia L. Broady	22b. LICENSE NUMBER: 5130	22c. SIGNATURE OF EMBALMER: ▶ Terrell Broady	22d. LICENSE NUMBER: 4117
23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, Inc. 3855 Clarksville Pike, Nashville, Tn. 37218			23b. LICENSE NUMBER OF FUNERAL HOME: 1137
24. REGISTRAR'S SIGNATURE: ▶ Suzette Clay D.R.		25. DATE FILED (Month, Day, Year): June 10, 2014	

26. CERTIFICATION (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, time 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: ▶	27b. LICENSE NUMBER: 41165	27c. DATE SIGNED (Month, Day, Year): 6/11/14
	27d. NAME AND ADDRESS: Dr. Sindhu Purandarshi Dronachuryam MH Bedford Pky Lebanon TN 37090	

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 stating the etiology. Enter only one cause on a line.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Septic shock	
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. Small bowel obstruction	
	c. Multiple pulmonary emboli	
	d. Primary hepatic	

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 [X] Homicide [ ] Accident [X] Pending Investigation [ ] Suicide [ ] Could not be determined	31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [X] 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. LOCATION OF INJURY (Street and Number, City or Town, State)
34e. DESCRIBE HOW INJURY OCCURRED					

PH-1309 (Rev. 10/2011) RDA 1389

6517347

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.

6517347

Catherine D. Haralson, RN, BA
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued JUN 13 2014

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH — STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): Wyhell Ella Brown
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 16, 2016
4. TIME OF DEATH (Approx.):
5a. AGE-Last Birthday (Years): 87
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Min/Secs
6. DATE OF BIRTH (Month, Day, Year): June 24, 1928
7. BIRTHPLACE (City and State or Foreign Country): Alabama

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 [X] Other residence [ ] Other (Specify)

8b. FACILITY NAME (If not institution, give street and number): Centennial Medical Centery
8c. CITY OR TOWN: Nashville
8d. COUNTY OF DEATH: Davidson

9. MARITAL STATUS: [ ] Married [X] Married, but separated [X] Widowed [ ] Divorced [ ] Never married [ ] Unknown
10. SURVIVING SPOUSE (If wife, give name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS/INDUSTRY: Home

12. SOCIAL SECURITY NUMBER: 410-66-9139
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: Tennessee
13b. COUNTY: Davidson
13c. CITY OR TOWN: Nashville
13d. STREET AND NUMBER: 946 Sharpe Ave
13e. INSIDE CITY LIMITS? [ ] Yes [ ] No
13f. ZIP CODE: 37206
14. WAS DECEDENT EVER IN US ARMED FORCES? [ ] Yes [X] No

NAME OF DECEDENT (If not done 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
[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)
[ ] White
[X] 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): John Morton
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Johnella Morton

20a. INFORMANT'S NAME: Kenneth E. Brown
20b. RELATIONSHIP TO DECEDENT: Son
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 946 Sharpe Ave. Nashville, Tn. 37206

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greenwood Cemetery Main
21c. LOCATION - City or Town and State: Nashville, Tennessee

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ Byrettia L. Broady
22b. LICENSE NUMBER: 5130
22c. SIGNATURE OF EMBALMER: ▶ Terrell Broady
22d. LICENSE NUMBER: 4117

23a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home, 3855 Clarksville Pike, Nashville, TN. 37218
23b. LICENSE NUMBER OF FUNERAL HOME: 1137

24. REGISTRAR'S SIGNATURE: ▶ DR
25. DATE FILED (Month, Day, Year): 5/17/16

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: ▶
27b. LICENSE NUMBER: 53491
27c. DATE SIGNED (Month, Day, Year): 5/5/16
27d. NAME AND ADDRESS: Michael Nittoly 2300 Patterson St Nashville, TN 37203

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal mode 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. Multisystem organ failure	
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. VF/B	
	Due to (or as a consequence of): c. Ischemic CVA	
	Due to (or as a consequence of): d. Chronic Systolic & valvular heart failure	

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: [X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
31. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] Unknown
32. IF FEMALE: [X] 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 [X] 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-1656 (Rev. 10/2011) RDA 1299

8507587

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.

8507587

R. Benton McDonough, JD
STATE REGISTRAR

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued: MAY 17 2016

CERTIFICATION OF VITAL RECORD

Exhibit B

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

Mark A. Emkes
Commissioner

9/7/2016

CLEVELAND BAIN
LEGAL COUNSEL
4800 CHARLOTTE AVE
NASHVILLE, TN 37209

RE: WYNELL BROWN
Last Four Of SSN 9139

Dear CLEVELAND BAIN:

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,

Jamgela J. Howard

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

6/22/2018

CLEVELAND BAIN
LEGAL COUNSEL
4800 CHARLOTTE AVE
NASHVILLE, TN 37209

RE: WILLIE BROWN
Last Four Of SSN 4431

Dear CLEVELAND BAIN:

The Division of TennCare releases its claim against the probate estate of the above decedent for the marked reason:

X T.C.A. §71-5-116(c) (2) - Based upon a review of the information you provided, we do not find long-term TennCare benefits paid by the State of Tennessee on behalf of the decedent

____ T.C.A. §71-5-116(c) - The decedent is survived by a spouse; therefore, the claim is deferred. TennCare reserves the right to assert a claim upon the death of the surviving spouse.

____ T.C.A. §71-5-116(c) - The decedent was under the age of fifty-five at the time of death; therefore, the estate recovery claim is waived.

If there are questions, you may contact the Estate Recovery Unit at (866) 389-8444.

Note this release only applies to decedent's probate estate and does not apply to trusts or any assets held in trust. For trust inquires, please contact us by phone for referral to TennCare's Office of the General Counsel.

Sincerely,

Angela J. Howard