Karen Johnson Davidson County
Batch# 590952 AFFIDAVITH
03/12/2021 12:36:16 PM 3 pgs
Fees: $17.00 Taxes: $0.00
20210312-0033136

This instrument was prepared by:
Richard S. Hessey [*name*]
235 Southwinds Dr. [*street or postal address*]
Hermitage TN 37076 [*city, state, zip code*]

GRANTEE(S): Richard S. Hessey and Wendy D. Hessey [*names*]

SEND TAX NOTICES TO: 235 Southwinds Dr Hermitage TN 37076
[*postal address, city, state, zip code*]

MAP PARCEL NUMBER: 108080116 00

AFFIDAVIT OF HEIRSHIP

Tennessee Code Annotated § 30-2-712.

STATE OF TENNESSEE
COUNTY OF Davidson

The undersigned, being duly sworn, deposes and says:

1. My full name is Richard Scott Hessey. I will refer to myself in this Affidavit as the Affiant.

2. I reside at 235 Southwinds Dr Hermitage TN 37076. [*street address, city, state, zip code*]

3. I have personal knowledge of the matters stated in this Affidavit.

4. On 11-7-2018 [*date of death*], Constance Lynn Hessey [*full name of decedent*] died at 235 Southwinds Dr. Hermitage TN 37076 [*place of death*]. I will refer to this person as the Decedent.

5. The real property to which this Affidavit applies is located at 3113 East Lake Dr. [*address*] in Davidson County, Tennessee, more fully described as: [*complete legal description*]
3113 East Lake Dr Nashville TN 37214

For prior title, see Book 6413 [*number*], Page 458 [*number*] in the Register's Office of Davidson County, Tennessee.

6. At the time of the Decedent's death, the Decedent resided at 3113 East Lake Dr Nashville TN 37214. [*street address, city, state, zip code*]

7. The estate of the Decedent ..... [*select one*]
☒ Was not administered in a proceeding supervised by a court.
☐ Was administered in a proceeding supervised by a court in _____ [*county and state*] in the _____ [*court*] in case no. _____.

8. Facts concerning my relationship to the Decedent are: her son

9. Additional facts pertinent to determine who is legally entitled to the estate of the Decedent at the time of the Decedent's death are: closest surviving relative

Affiant

Sworn to and subscribed before me this 9th day of March, 2021.

My Commission expires: 12/7/24

Notary Public

KATELYN PEPOON
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILSON

TN Division of TennCare

STATE OF TENNESSEE
DIVISION OF TENNCARE
310 GREAT CIRCLE ROAD, 4th FLOOR
NASHVILLE, TENNESSEE 37243
Phone# 866-389-8444 / Fax# 615-413-1941

6/30/2020

RICHARD HESSEY
REPRESENTATIVE
235 SOUTHWINDS DR.
HERMITAGE, TN 37076

RE: CONSTANCE HESSEY
Last Four Of SSN 3089

Dear RICHARD HESSEY:

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,

Tangela J. Howard

Tangela Howard
Supervisor