Karen Johnson Davidson County
Batch# 809398 AFFIDAVITH
02/22/2022 11:51:42 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20220222-0019878

This instrument prepared based on information
provided by the parties and not independent verification by:
C. Michael Robinson
Harrington Law Office
1215 Seventh Avenue North
Nashville, Tennessee 37208-2605
Telephone: (615) 320-9977
Facsimile: (615) 320-9929

Map & Parcel: 071 08 0 194.00
Address Owner: Crystal Kemp and William Keith Smith
Send Tax Bill: 505 Wesley Ave Nashville, TN 37207

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
)
COUNTY OF DAVIDSON)

The undersigned having been first duly sworn according to law, deposes and states as follows:

1. That I am adult resident of Nashville, Tennessee and I have personal knowledge of the matters stated in this Affidavit.

2. That Karen Marie Smith (hereinafter "the Decedent") died intestate on August 12, 2021 leaving no spouse and two children whose names, relationships, and addresses are as follows:

    i. Crystal Kemp, 120 B Hart Lane Nashville, TN 37207; and
    ii. William Keith Smith, 505 Wesley Ave Nashville, TN 37207.

3. That the Death Certificate of the Decedent is attached hereto in Attachment A.

4. That at the time of her death, Karen Marie Smith was the sole owner of fee simple interest in the property located at 505 Wesley Ave Nashville, TN 37207 and more particularly described as follows:

> BEING all of Lot 65, on the plan of Joywood Heights, Section I, according to plat and survey appearing of record in Book 1130, page 91, Register's Office for Davidson County, Tennessee, to which reference is made for a more complete and accurate description of said lot.
>
> Being the same property conveyed Peggy R. Alexander and Karen M. Smith, as joint tenants with the right of survivorship, by Deed from William Keith Smith, unmarried, Timothy W. Smith and wife, Melinda Smith, dated June 7, 1999, of record in Book 11524, page 219, Register's Office Davidson County, Tennessee.

Being the same property conveyed to Karen M. Smith, unmarried, by Peggy R. Alexander and Karen M. Smith, as Joint Tenants with Right of Survivorship, by Quitclaim Deed dated October 4, 2013, of record in Instrument Number 20131017-0108619, Register's Office Davidson County, Tennessee.

This is improved property known as 505 Wesley Ave Nashville, TN 37207.

5. That the above referenced children of the Decedent are the heirs-at-law of the Decedent.

6. That the above referenced children of the Decedent own the above referenced property in fee simple interest as tenants in common.

7. That the Decedent was not enrolled in the Tennessee TennCare program at the time of her death and the release from the Tennessee Bureau of TennCare is attached hereto as Attachment B.

8. That *Tenn. Code Ann.*§ 67-4-409(a)(3)(D) exempts this instrument from tax and *Tenn. Code Ann.* § 67-4-409(a)(5) further provides the valuation oath is unnecessary, said Affidavit being use to evidence transfer of title to the property to a beneficiary.

FURTHER, AFFIANT SAY NOT.

Dated this the 1ST day of February, 2022.

Rachel Knott

RACHEL KNOTT

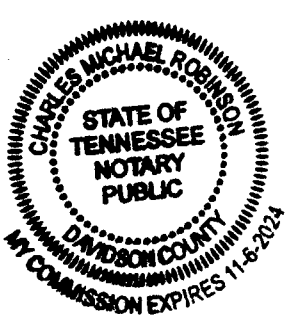
OATH

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

Before me a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared, **RACHEL KNOTT** to me known or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and acknowledged that he or she executed the same as his or 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 the 1st day of February, 2022.

NOTARY PUBLIC
My Commission Expires: 11-6-24



STATE OF TENNESSEE
Office of Vital Records

Attachment A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 054212

1. Decedent's Legal Name		2. Sex	3. Date of Death
KAREN MARIE SMITH		FEMALE	08/12/2021

4. Time of Death (Approx.)	5a. Age	5. Date of Birth	7. Birthplace
12:45 PM	62	12/21/1958	SAN DIEGO, CA

6a. Place of Death			
ER/OUTPATIENT			
6b. Facility Name	6c. City or Town		6d. County of Death
TRISTAR SKYLINE MEDICAL CENTER	NASHVILLE		DAVIDSON
9. Marital Status	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation	11b. Kind of Business/Industry
WIDOWED		SHIPPING AND RECEIVING	LOGISTICS
12. Social Security Number	13a. Residence-State or Foreign Country	13b. County	13c. City or Town
9275	TENNESSEE	DAVIDSON	NASHVILLE
13d. Street and Number	13e. Inside City Limits?	13f. Zip Code	14. Was Decedent ever in US Armed Forces?
505 WESLEY AVE	YES	37207	NO
15. Decedent's Education	16. Decedent of Hispanic Origin?	17. Decedent's Race	
8TH GRADE OR LESS	NO, NOT SPANISH/HISPANIC/LATINO	WHITE	

18. Father's Name	19. Mother's Name Prior to First Marriage
RICHARD ALEXANDER	PEGGY STRAIN

20a. Informant's Name	20b. Relationship to Decedent	20c. Mailing Address
CRYSTAL KEMP	DAUGHTER	120 B HART LANE, NASHVILLE, TN 37207

21a. Method of Disposition	21b. Place of Disposition	21c. Location
CREMATION	AFFILIATED CREMATORY	NASHVILLE, TN

22a. Signature of Funeral Director	22b. License Number	22c. Signature of Embalmer	22d. License Number
▶ /s/ MATTHEW A JERRY	6054	▶	

23a. Name and Address of Funeral Home	23b. License Number
PHILLIPS-ROBINSON FUNERAL HOME, 2707 GALLATIN PIKE, NASHVILLE, TN 37216	331

24. Registrar's Signature	25. Date Filed
▶ /e/ EDWARD G BISHOP III	08/18/2021

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	27b. License Number	27c. Date Signed
▶ /e/ MEGAN SETTLE	56795	08/16/2021

27d. Name and Address: MEGAN SETTLE 401 WINDSOR GREEN COURT SUITE 101, GOODLETTSVILLE, TN 37072

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). 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.	a. CARDIAC ARREST	5 MINUTES
	b. SUSPECTED PULMONARY EMBOLUS	
	c. PNEUMONIA	
	d. DM 2	

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	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	YES	NOT PREGNANT WITHIN PAST YEAR

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-1659C RDA 10112

13254015

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

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 3 2 5 4 0 1 5

Date Issued: Aug-20-2021

CERTIFICATION OF VITAL RECORD

Attachment B

TN Division of TennCare

RFR PROCESSING UNIT
310 GREAT CIRCLE RD., 3W
NASHVILLE, TN 37243
Phone: (615) 741-0636, Fax (615) 413-1941
Email: RFR.TENNCARE@TN.GOV

January 31, 2022

Michael C. Robinson
223 Carden Ave
Nashville, TN 37205

RE: Smith, Karen Marie Date of Death: 8/12/2021 SSN: xxx-xx-0275
Our File Number: 55155

Michael C. Robinson:

The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal or civil penalties if fraud or abuse is found to exist pursuant to Tenn. Code Ann. § 71-5-2601, et seq.

This document is only relevant to TennCare's claim against the Decedent's probate estate. It does not apply to any Special Needs Trusts, Pooled Special Needs Trust, Qualified Income Trusts, or any other type of trust that contains a Medicaid payback provision. If you need a payoff for this type of trust, you must contact TennCare at 844-629-0941, 2 at prompt, or via email at estate.recovery@tn.gov. Please provide the Decedent's death certificate and copy of the trust when making such a request.

Sincerely,

Joan Jackson

TennCare RFR Processing Unit