Karen Johnson Davidson County
Batch# 987889 AFFIDAVITH
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Fees: $32.00 Taxes: $0.00
20230403-0024122

THIS INSTRUMENT PREPARED BY:
FREEMAN & BRACEY, PLC
P. O. Box 527
885 Conference Drive, Suite 500
Goodlettsville, Tennessee 37070-0527

A F F I D A V I T OF HEIRSHIP

The undersigned, Affiants, **GARY THOMAS DICKERSON** and **SHEILA MARIE DICKERSON**, residents of Robertson County, being first duly sworn and according to law, being of lawful age and pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby depose and swear to the following on their own free will and based upon personal knowledge and familiarity:

1. The said **RAYMOND EDMOND BOIS** (the "Decedent") died intestate on March 6, 2023.

2. The said **RAYMOND EDMOND BOIS,** at the time of his death, was a single person and of majority age.

3. The Decedent had two (2) natural children born to him during his lifetime: namely, **RONALD BARRY BOIS and RICHARD WAYNE BOIS,** and he had no other children born to or adopted by him during his lifetime.

4. That the said **RONALD BARRY BOIS and RICHARD WAYNE BOIS** were both living at the time of Decedent's death and of majority age.

5. This Affidavit is being provided to clarify title to all real property **RAYMOND EDMOND BOIS** may have had interest in after the time of his death, including but not exclusive to the property commonly known as: **2512 Tinnin Road, Goodlettsville, Davidson County Tennessee 37072** Map/Parcel ID: 003 00 0 012.00; said Register's Office for Davidson County

and 2494 Tinnin Road, Goodlettsville, Davidson County Tennessee, 37072, Map/Parcel ID: 003 00 0 013.00; said Register's Office for Davidson County, Tennessee.

6. That this Affidavit of Heirship is being prepared for the purposes established in Tenn. Code Ann. 30-2-712, and the Affiants acknowledge that their execution of the same is subject to and governed by the penalties set forth in Section (f) of the same statute, and that this Affidavit is not made for any fraudulent purpose.

7. That the Affiants acknowledge that this Affidavit of Heirship may be relied upon by third parties in order to establish chain of title by descent and distribution.

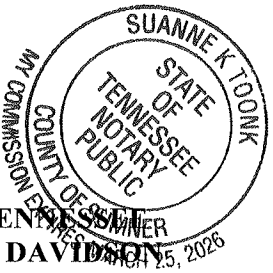
Further, Affiants saith not.

GARY THOMAS DICKERSON
Affiant

SUBSCRIBED AND SWORN TO before me this 31st day of March, 2023.

Notary Public My Commission Expires: 3/25/2026

[SEAL]



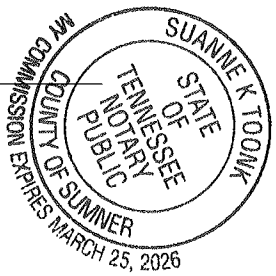
STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, SUANNE K TOONK, a Notary Public in and for said County and State, **GARY THOMAS DICKERSON**, the within named individual, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at GOODLETTSVILLE, Tennessee, this the 31st day of March, 2023.

My Commission Expires: 3/25/26
[SEAL]

NOTARY PUBLIC

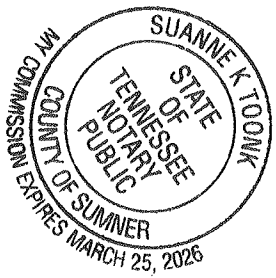


SHEILA MARIE DICKERSON
Affiant

SUBSCRIBED AND SWORN TO before me this 31st day of March, 2023.

Notary Public My Commission Expires: 3/25/2026

[SEAL]

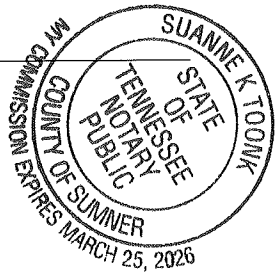


STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, SUANNE K TOOMK, a Notary Public in and for said County and State, **SHEILA MARIE DICKERSON**, the within named individual, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that she executed the within instrument for the purposes therein contained.

Witness my hand and official seal at GOODLETTSVILLE, Tennessee, this the 31st day of March, 2023.

My Commission Expires: 3/25/2026 NOTARY PUBLIC
[SEAL]



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

#

April 3, 2023

Russell E. Freeman
885 Conference Dr., #500
Goodlettsville, TN 37072

RE: Bois, Raymond Date of Death: 3/6/2023 SSN: xxx-xx-1409
Our File Number: 94305

Russell E. Freeman:

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

CERTIFICATE OF AUTHENTICITY

I, **Russell Freeman**, do hereby make oath that I am a licensed attorney and/or the custodian of the original version of the electronic document tendered for registration herewith and that this electronic document is a true and exact copy of the original document executed and authenticated according to law on 3/31/23 [DATE].

AFFIANT SIGNATURE

3/31/23

DATE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Sworn to and subscribed before me on this the 31 day of March, 2023.

Notary Signature
My Commission Expires: 7/22/25
[SEAL]

