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

Karen Johnson Davidson County
Batch# 994561 AFFIDAVITH
04/20/2023 12:14:30 PM 5 pgs
Fees: $27.00 Taxes: $0.00
20230420-0029194

A F F I D A V I T OF HEIRSHIP

The undersigned, Affiant, **MARLA CLEMENTS**, a resident of Sumner 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 deposes and swears to the following on her own free will and based upon personal knowledge and familiarity:

1. The said **WINTON EDWIN BROWN** (the "Decedent") died intestate on July 9, 2022.

2. The said **WINTON EDWIN BROWN,** at the time of his death, was a single person and of majority age.

3. The Decedent had three (3) natural children born to him during his lifetime: namely, **JASON EDWIN BROWN**, **CARL BROWN**, deceased without issue born to or adopted by him, and **JOHN HENRY BROWN**, deceased as an infant, and he had no other children born to or adopted by him during his lifetime.

4. That the said **JASON EDWIN BROWN** was 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 **WINTON EDWIN BROWN** may have had interest in after the time of his death, including but not exclusive to the property commonly known as: **1843 Willow Springs Drive, Nashville, Davidson County Tennessee 37216** Map/Parcel ID: 073 09 0 184.00; said Register's Office for Davidson County.

6. That this Affidavit of Heirship is being prepared for the purposes established in Tenn. Code Ann. 30-2-712, and the Affiant acknowledges that her 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 Affiant acknowledges that this Affidavit of Heirship may be relied upon by third parties in order to establish chain of title by descent and distribution.

Further, Affiant saith not.

[Signature page to follow and the remainder of this page is intentionally left blank]

MARLA CLEMENTS
Affiant

SUBSCRIBED AND SWORN TO before me this 5 day of April, 2023.

Notary Public My Commission Expires: 7/22/25

[SEAL]

CAITLIN TURNER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF ROBERTSON
MY COMMISSION EXPIRES JULY 22, 2025

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, Caitlin Turner, a Notary Public in and for said County and State, **MARLA CLEMENTS**, 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 5 day of April, 2023.

My Commission Expires: 7/22/25 NOTARY PUBLIC
[SEAL]

CAITLIN TURNER
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF ROBERTSON
MY COMMISSION EXPIRES JULY 22, 2025

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 12, 2023

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

RE: Brown, Winton Edwin Date of Death: 7/9/2022 SSN: xxx-xx-0404
Our File Number: 87255

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 E. 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 4/20/2023 [DATE].

AFFIANT SIGNATURE

4/20/2023
DATE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Sworn to and subscribed before me on this the 20th day of APRIL, 2023.

Notary Signature
My Commission Expires: 3/25/2026
[SEAL]

