This Instrument Prepared By:

Name Crystal Fuller Yahya
Address 4921 Cimarron Way
Antioch, TN 37013

After Recording Return To:
New Owner/Tax Bills
Name Crystal Fuller Yahya
Address 4921 Cimarron Way
Antioch, TN 37013
Map & Parcel #
162030 020.00

Karen Johnson Davidson County
Batch# 1014458 **DEEDQC**
06/13/2023 10.42 11 AM 3 pgs
Fees $17 00 Taxes $0 00

20230613-0044964

Space above this line for recorder's use only

TENNESSEE QUIT CLAIM DEED

STATE OF TENNESSEE
Davidson COUNTY

KNOW ALL MEN BY THESE PRESENTS, that Sheila Howell (Grantor(s) name), on 05/19/2023 for and in consideration of the sum Zero Dollars ($0 00) does hereby bargain, sell, release, remise, quitclaim and convey unto Crystal Elizabeth Fuller Yahya (Grantee(s) name) all rights, title, and interest in and to the following described real estate, situated in Davidson County, Tennessee, to-wit:

Land in Davidson County, Tennessee, being Lot No 147 on the Plan of Apache Hills Subdivision, Section III, as of record in Book 4175, Page 9, Register's Office for said County, to which plan reference is here made for a complete description thereof

This is improved property commonly known as 4921 Cimarron Way, Antioch, TN 37013

[WRITE LEGAL DESCRIPTION HERE OR ATTACH AND INSERT]

Source of title *

A Preceding Instrument Has Been Recorded ☐Yes ☐No
Instrument Type: *20230613-0044962
Office Where Recorded:
Book and Page Number. *20230613-0044963

IN TESTIMONY WHEREOF I/we have hereunto set my/our hand(s) this 05/19/2023.

Sheila Howell

Grantor's Signature
Sheila Howell
Grantor's Name
4921 Cimarron Way
Street Address
Antioch, TN 37013
City, State & ZIP

Grantor's Signature
Grantor's Name
Street Address
City, State & ZIP

eSign

In Witness Whereof,

Witness's Signature

Witness's Name

912 Thomas Lane

Street Address

Clarksville 37167

City, State & ZIP

Witness's Signature

Ibrahim Alkhasbeh

Witness's Name

4900 Linbar Dr

Street Address

Nashville TN 37211

City, State & ZIP

STATE OF TN)
COUNTY OF Montgomery)

Before me, the undersigned Notary Public in and for the County and State aforesaid, personally appeared Sheila Howell with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged to be person(s) within named and that they executed the foregoing instrument for the purpose contained therein

Witness my hand and seal this 05.19.2023 (mm/dd/yyyy)

ALI SALEH NOORADDIN NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY MY COMMISSION EXPIRES 7-7-2025

Notary Public

My Commission Expires: 07.07.2025

I, or we, hereby swear or affirm that to the best of affiant's knowledge, information, and belief, the actual consideration for this transfer is $_____.

STATE OF TENNESSEE
COUNTY OF DAVIDSON

The actual consideration or true value, whichever is greater for this transfer is $0.00

_____, Affiant

Subscribed and sworn before me this the 13 Day of June, 2023

P. Allman, Deputy Register

Affiant/Grantee's Signature

Affiant/Grantee's Name

STATE OF _____)
COUNTY OF _____)

Subscribed and sworn to before me this ____ day of _____, 20___.

Notary Public

My Commission Expires: _____

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
#

June 8, 2023

Crystal Fuller Yayha
4921 Cimaaron Way.
Antioch, TN 37013

RE Fuller, Elizabeth Marie Date of Death 4/14/2020 SSN xxx-xx-6008
Our File Number: 100031

Crystal Fuller Yayha:

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