Karen Johnson Davidson County
Batch# 1037985 AFFIDAVITH
08/14/2023 10:32:41 AM 8 pgs
Fees: $42.00 Taxes: $0.00
20230814-0062920

AFFIDAVIT OF INHERITANCE (REAL ESTATE)

ADDRESS OF NEW OWNER AS FOLLOWS: NO.	SEND TAX BILLS TO:	MAP & PARCEL
Chaunte Corley Neely 128 Elrosa Road Mooresville, NC 28115	same	

THIS INSTRUMENT WAS PREPARED BY:

Elizabeth L. Adams, Attorney
7100 Hardwood Lane
College Grove, TN 37046
Phone: 615-293-5598
Email: eadams@adamslaw-tn.com

STATE OF TENNESSEE)

COUNTY OF Bedford)

Comes now, REID JACKSON FARMER, being duly sworn, this the 9th day of August, 2023, and makes oath that the following statements are true and accurate:

1. I, REID JACKSON FARMER, have known ZACH WAYNE CORLEY and his family for 15 years. I am a family friend and not related by blood or marriage to ZACH WAYNE CORLEY.

2. That ZACH WAYNE CORLEY died intestate without a will on December 8, 2022 at the age of seventy-three (73) years. Certificate of Death attached as *Exhibit A*.

3. That ZACH WAYNE CORLEY died unmarried and with one child, CHAUNTE CORLEY NEELY. Order for Intestate Administration, Seventh Circuit of Davidson County, Tennessee (Probate Division) No. 23P133 attached as *Exhibit B*.

4. That decedent was not receiving TennCare benefits. TennCare Release attached as *Exhibit C*.

5. That decedent was solely vested in title to real property located at 6150 Beals Lane, Nashville, Davidson County, Tennessee, which is currently being sold.

6. I am over eighteen years of age and of sound mind.

7. That I acknowledge 5 Star Title of Tennessee, LLC and its title insurance underwriter involved in the pending sale of the above identified property, are relying on the accuracy of the representations contained herein in conducting the closing, insuring title and preparing documents and would not otherwise conduct the closing, insure title or prepare

the documents unless such representations were made.

This the 9th day of August, 2023.

REID JACKSON FARMER, Affiant
221 Eady Road
Shelbyville, TN 37160

STATE OF TENNESSEE)

COUNTY OF Bedford)

Subscribed and sworn to before me came REID JACKSON FARMER who executed this Affidavit of Inheritance (Real Estate) on this the 9th day of August, 2023.

My Commission Expires: 08-18-2026

Notary Public

JUDY PRUITT
STATE OF TENNESSEE NOTARY PUBLIC
BEDFORD COUNTY

EXHIBIT A

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 081516

1. Decedent's Legal Name: ZACH WAYNE CORLEY			2. Sex: MALE	3. Date of Death: 12/08/2022
4. Time of Death (Approx.): 05:44 AM	5a. Age: 73	6. Date of Birth: 06/22/1949	7. Birthplace: GALLATIN, TN	
8a. Place of Death: OTHER RESIDENCE				
8b. Facility Name: 5170 OLD HICKORY BOULEVARD		8c. City or Town: NASHVILLE		8d. County of Death: DAVIDSON
9. Marital Status: DIVORCED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: CONSTRUCTION BUSINESS OWNER		11b. Kind of Business/Industry: CONSTRUCTION
12. Social Security Number: [redacted]	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON		13c. City or Town: NASHVILLE
13d. Street and Number: 6150 BEALS LANE		13e. Inside City Limits? YES	13f. Zip Code: 37218	14. Was Decedent ever in US Armed Forces? NO
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: BLACK OR AFRICAN AMERICAN		
18. Father's Name: ISSAC THOMAS CORLEY		19. Mother's Name Prior to First Marriage: RUBY FIGGINS		
20a. Informant's Name: CHAUNTE CORLEY NEELY	20b. Relationship to Decedent: DAUGHTER	20c. Mailing Address: 128 ELROSA ROAD, MOORESVILLE, NC 28115		
21a. Method of Disposition: CREMATION	21b. Place of Disposition: ASSURANT CREMATION SERVICES OF	21c. Location: SHELBYVILLE, TN		
22a. Signature of Funeral Director: /e/ JAMES DAVID FELDHAUS	22b. License Number: 4605	22c. Signature of Embalmer:	22d. License Number:	
23a. Name and Address of Funeral Home: FELDHAUS MEMORIAL CHAPEL, LLC, 2022 NORTH MAIN ST, SHELBYVILLE, TN 37160-2022			23b. License Number: 1044	
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 12/14/2022		

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: /e/ SHINDANA FEAGINS	27b. License Number: 39745	27c. Date Signed: 12/13/2022
27d. Name and Address: SHINDANA FEAGINS 607 W. DUE WEST AVE, MADISON, TN 37115		

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	
	b. HYPERTENSION	
	c. DIABETES TYPE 2	
	d. CHRONIC KIDNEY DISEASE	

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: NATURAL	31. Did Tobacco Use Contribute to Death? NO	32. If Female: N/A		
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-1650E

RDA 10112

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.

14701500

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

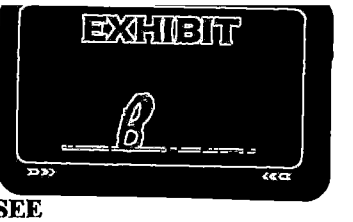
Edward G. Bishop III
State Registrar

Morgan McDonald, MD, FAAP, FACP
Commissioner

14701500
Date Issued: Dec-14-2022

CERTIFICATION OF VITAL RECORD

EFILED 02/08/23 10:03 AM CASE NO. 23P133 Joseph P. Day, Clerk



IN THE SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
(Probate Division)

IN THE MATTER OF:	)	
	)	
The Estate of Zach Wayne Corley, Deceased	)	**NO.:** _____
	)	
	)	
Chaunte Corley Neely, Petitioner	)	
	)	

ORDER FOR INTESTATE ADMINISTRATION

Based on an examination of the Petition, a hearing was held on _____, 2023, and the Court finds the following:

A. Decedent was a resident of Davidson County, Tennessee;

B. Decedent died on December 8, 2022, at the age of seventy-three (73);

C. Decedent left no will;

D. Petitioner is the daughter of the decedent and is the person entitled to serve;

E. Decedent owned property at decedent's death which is subject to a Court-supervised administration by this Court; and

F. The heir at law of the estate is an adult and has consented to the Administratrix being excused from bond, filing an inventory, and filing interim accountings as evidenced by her signed, acknowledged Consent to Serve and Agreement to Waive Bond, Inventory and Interim Accountings.

Based on these findings, the Court orders the following:

1. The oath be accepted and letters of administration will be issued to Chaunte Corley Neely;

EFILED 02/08/23 10:03 AM CASE NO. 23P133 Joseph P. Day, Clerk

2. All bonds are excused;

3. Notice be given to creditors pursuant to T.C.A. § 30-2-306(f);

4. The requirement of inventory is waived;

5. The requirement of interim accounting is waived;

6. The Administratrix shall file the affidavit certifying the sending of a copy of the Letters of Administration to the heir at law within sixty (60) days of the date of this Order.

7. Notice will be given the Department of Health, Bureau of TennCare, as required by T.C.A. § 71-5-116(c);

8. An estate status report shall be filed fifteen (15) months from the date of this Order and then annually until closed.

APPROVED FOR ENTRY:

Elizabeth L. Adams

Elizabeth L. Adams (BPR #024287)
George R. Adams, Jr. (BPR #028677)
THE ADAMS LAW FIRM, PC
7100 Hardwood Lane
College Grove, Tennessee 37046
Phone: (615) 293-5598
Email: eadams@adamslaw-tn.com
Attorneys for Petitioner

EFILED 02/08/23 10:03 AM CASE NO. 23P133 Joseph P. Day, Clerk

CERTIFICATE OF SERVICE

This is to certify that I have served a copy of the within ORDER FOR INTESTATE ADMINISTRATION on the heir at law of decedent by mailing the same to her last known address by U.S. Postal Service with sufficient postage thereon, as follows:

Chuante Corley Neely
128 Elrosa Road
Mooresville, NC 28115

This the 20 day of January, 2023.

Elizabeth L. Adams

Elizabeth L. Adams (BPR #024287)
George R. Adams, Jr. (BPR #028677)
THE ADAMS LAW FIRM, PC
7100 Hardwood Lane
College Grove, TN 37046
Phone: (615) 293-5598
Email: eadams@adamslaw-tn.com
Attorneys for Petitioner

EFILED 02/08/23 10:03 AM CASE NO. 23P133 Joseph P. Day, Clerk

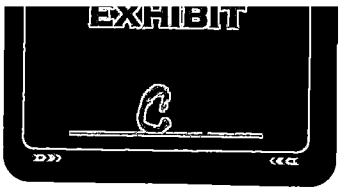
Case Title: NEELY V CORLEY

Case Number: 23P133

Type: APPOINTING ORDER - ESTATES

The foregoing is hereby ORDERED, ADJUDGED AND DECREED:

Judge Andra Hedrick, Seventh Circuit



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 4, 2023

Elizabeth L. Adams
7100 Hardwood Lane
College Grove, TN 37046

RE: Corley, Zach Wayne Date of Death: 12/8/2022 SSN: xxx-xx-9148
Our File Number: 86519

Elizabeth L. Adams:

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