Karen Johnson Davidson County
Batch# 1053305 AFFIDAVITH
09/22/2023 01:52:30 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20230922-0074716

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

AFFIDAVIT OF HEIRSHIP

The undersigned Affiant, **SHELLEY SPURLOCK**, a resident of 4041 Oak Pointe Drive, Pleasant View, Tennessee, 37146, being first duly sworn and according to law, being of lawful age and having known the Decedent, **WANDA FAYE O'GUIN**, during her lifetime as being a friend of the decedent, 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 **WANDA FAYE O'GUIN** (the "Decedent") died intestate on November 20, 2022.

2. The said **WANDA FAYE O'GUIN**, at the time of her death, was unmarried.

3. The Decedent had one natural child born to her during her lifetime: namely, **JEFFREY SCOTT O'GUIN (DOB: 11/06/1968)** and she had no other children born to nor adopted by her during her lifetime.

4. That **JEFFREY SCOTT O'GUIN** was living at the time of the Decedent's death.

5. The Decedent did not receive TennCare Long-Term Services and Support and a State of Tennessee TennCare Release is attached hereto as Exhibit A.

6. This Affidavit is being provided to clarify title to all real property **WANDA FAYE O'GUIN** may have had interest in at the time of her death, including but not exclusive to the property commonly known as: 415 Westboro Drive, Nashville, Davidson County, Tennessee, Parcel ID: 10301000600; said Register's Office for Davidson County, Tennessee.

7. 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.

8. That the Affiant acknowledges that this Affidavit of Heirship may be relied upon by third parties to establish chain of title by descent and distribution.

Further, Affiant saith not.

Shelley Spurlock

SHELLEY SPURLOCK, ***Affiant***

SUBSCRIBED AND SWORN TO before me this 15th day of September 2023.

Suanne K Toonk

Notary Public

My Commission Expires: 3/25/2026

SUANNE K TOONK STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF SUMNER MY COMMISSION EXPIRES MARCH 25, 2026

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, Suanne K Toonk, a Notary Public in and for said County and State, **SHELLEY SPURLOCK**, 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 15th day of September 2023.

Suanne K Toonk

NOTARY PUBLIC

My Commission Expires: 3/25/2026

SUANNE K TOONK STATE OF TENNESSEE NOTARY PUBLIC COUNTY OF SUMNER MY COMMISSION EXPIRES MARCH 25, 2026

EXHIBIT A

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

#

December 14, 2022

Don Duke
885 Conference Dr., Suite 500
Goodlettsville, TN 37070

RE: O'Guin, Wanda Faye Date of Death: 11/20/2022 SSN: xxx-xx-0540
Our File Number: 85358

Don Duke:

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, **Devin Freeman Park**, 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 **9/15/2023** [DATE].

AFFIANT SIGNATURE

9/15/2023
DATE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Sworn to and subscribed before me on this the **15th** day of **September**, 2023.

Notary Signature
My Commission Expires: 4/26/25
[SEAL]

