Owners:	Prepared by:
Gailyn Farmer, et al. 5308 Hickman Memphis, TN 38118	Toni Waynick Rutgerson Attorney at Law 200 Nashboro Boulevard PO Box 17116 Nashville, TN 37217
Send tax notice to: Gailyn Farmer, et al. 5308 Hickman Memphis, TN 38118	Map and Parcel No.: 018 16 0 056.00

AFFIDAVIT OF HEIRSHIP (REAL ESTATE)

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Comes now the affiants, Winola Shobe and Lois Martin being first duly sworn according to law, and being of lawful age, and pursuant to T.C.A. § 30-2-712, hereby swear to the following of the affiants' own free will and based upon the affiants' personal knowledge and familiarity:

1. Rhoda Lynette Matthews (the "decedent"), a resident of Davidson County, Tennessee, who died intestate on November 28, 2018, as evidenced by a copy of the death certificate attached hereto as *Exhibit A*, held a one-seventh (1/7) undivided fee simple interest in the following described real property ("Property"):

   A certain tract or parcel of land in Davidson County, State of Tennessee, described as follows, to-wit:

   TENTH District, Situated in the Town of Goodlettsville, Tennessee, on the West side of Bell Street beginning at a point in the center of Bell Street and running with center of said street, S. 68 feet; thence W. 109 feet, more or less, to Burton's line; thence N. with Burton's line 68 feet; thence E. 109 feet, more or less, to the beginning.

   Being the same property conveyed to Gailyn M. Farmer, Terry R. Matthews, Winole E. Wills, Lois C. Matthews, Charles Mike Matthews, Rhoda Lynette Matthews, and Tony Elliot Matthews by deed from Charlie Ray Matthews of record as Book 5280, page 529 in the Register's Office for Davidson County, Tennessee. Charles Ray Matthews and Charlie Ray Matthews are one and the same person.

   This is unimproved property commonly known as:
   420 Bell Street
   Goodlettsville, TN 37072

2. The decedent left no probate estate to be administered.

Karen Johnson Davidson County
Batch# 1078007 AFFIDAVITH
12/04/2023 12:38:30 PM 7 pgs
Fees: $37.00 Taxes: $0.00
20231204-0093341

3. A release from the Bureau of TennCare was received and is attached hereto as *Exhibit B*.
4. At the time of her death, the decedent was not married.
5. The decedent had two (2) children at the time of her death: Ray Donald Mathews and Hope E. Mathews.
6. The decedent's son, Ray Donald Matthews, died intestate on October 21, 2019, as evidenced by a copy of his death certificate, attached hereto. At the time of Ray Donald Matthews' death, he was not married and had only one child, Breaonna Hargis.
7. No estate was probated for Ray Donald Matthews.
8. By operation of law, at the death of the decedent, title to the Property was vested as follows:

Hope E. Mathews, a 1/14 undivided, fee simple interest
(being 1/2 of the decedent's interest)

Breaonna Hargis, a 1/14 undivided, fee simple interest
(being 1/2 of the decedent's interest)

Hope E. Mathews and Hope E. Matthews being one and the same person.

Further, affiant sayeth naught.

Winola M. Shobe
WINOLA SHOBE

STATE OF TENNESSEE
COUNTY OF Davidson

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared WINOLA SHOBE, the within named affiant, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that s/he executed the foregoing instrument for the purposes therein contained as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 1 day of November, 2023.

Diana Hickerson
Notary Public
My Commission Expires: 3-3-2025

DIANA HICKERSON
STATE OF TENNESSEE
NOTARY PUBLIC
My Commission Expires on 03/03/2025
DAVIDSON COUNTY

Further, affiant sayeth naught.

LOIS MARTIN

STATE OF TENNESSEE
COUNTY OF Davidson

Before me, a Notary Public, duly appointed, commissioned and qualified in and for the State and County aforesaid, personally appeared LOIS MARTIN, the within named affiant, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence to be the person described in the foregoing, who signed, sealed and delivered the foregoing instrument in my presence, and who, upon oath, acknowledged that s/he executed the foregoing instrument for the purposes therein contained as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal at my office in said County, on this 1 day of November, 2023.

Diana Hickerson
Notary Public
My Commission Expires: 3-3-2025

DIANA HICKERSON
STATE OF TENNESSEE
NOTARY PUBLIC
My Commission Expires on 03/03/2025
DAVIDSON COUNTY

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 066733

DECEDENT

1. DECEDENT'S LEGAL NAME (Include AKA's if any): RHODA LYNETTE MATTHEWS
2. SEX: FEMALE
3. DATE OF DEATH: 11/29/2018
4. TIME OF DEATH (Hour): 02:22 PM
5a. AGE: 59
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Minutes)
6. DATE OF BIRTH: [redacted]
7. BIRTHPLACE: NASHVILLE, TN
8a. PLACE OF DEATH: INPATIENT
8b. FACILITY NAME: SKYLINE MEDICAL CENTER
8c. CITY OR TOWN: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: NEVER MARRIED
10. SURVIVING SPOUSE (name prior to first marriage)
11a. DECEDENT'S USUAL OCCUPATION: HOUSEKEEPER
11b. KIND OF BUSINESS/INDUSTRY: HOTEL
12. SOCIAL SECURITY NUMBER: [redacted]
13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
13b. COUNTY: DAVIDSON
13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 449 RURAL HILL RD
13e. INSIDE CITY LIMITS?: YES
13f. ZIP CODE: 37217
14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: 9TH - 12TH GRADE, NO DIPLOMA
16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
17. DECEDENT'S RACE: BLACK OR AFRICAN AMERICAN

PARENTS

18. FATHER'S NAME: CHARLES RAY MATTHEWS
19. MOTHER'S MAIDEN NAME PRIOR TO FIRST MARRIAGE: [redacted]

DISPOSITION

20a. INFORMANT'S NAME: WINOLA N. SHOBE
20b. RELATIONSHIP TO DECEDENT: SISTER
20c. MAILING ADDRESS: 4894 INDIAN SUMMER DR., NASHVILLE, TN 37207
21a. METHOD OF DISPOSITION: CREMATION
21b. PLACE OF DISPOSITION: NASHVILLE FUNERAL AND CREMATION
21c. LOCATION: NASHVILLE, TN
22a. SIGNATURE OF FUNERAL DIRECTOR: /s/ JONATHAN SCOTT KEENE
22b. LICENSE NUMBER: 5839
22c. SIGNATURE OF EMBALMER:
22d. LICENSE NUMBER:
23a. NAME AND ADDRESS OF FUNERAL HOME: NASHVILLE FUNERAL AND CREMATION, 210 MCMILLAN STREET, NASHVILLE, TN 37203-7508
23b. LICENSE NUMBER: 1136

REGISTRAR

24. REGISTRAR'S SIGNATURE: /s/ EDWARD G. BISHOP III
25. DATE FILED: 12/04/2018

CERTIFIER

25. SEE BELOW
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: /s/ ORLANDO SIME CARRIO RODRIGUEZ
27b. LICENSE NUMBER: 035567
27c. DATE SIGNED: 11/30/2018
27d. NAME AND ADDRESS: ORLANDO SIME CARRIO RODRIGUEZ 3449 DICKERSON PIKE SUITE 680, NASHVILLE, TN 37207

MEDICAL CERTIFICATION

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 STATING THE UNDERLYING CAUSE. ENTER ONLY ONE CAUSE ON A LINE. APPROXIMATE INTERVAL: ONSET TO DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death): [redacted]

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: [redacted]

29a. WAS AN AUTOPSY PERFORMED?

REV. 10/18

10580827

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.

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

Edward G. Bishop III
State Registrar

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

1 0 5 8 0 8 2 7

Date Issued: DEC 14 2018

CERTIFICATION OF VITAL RECORD

202312040093341

EXHIBIT B

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

#

May 22, 2023

Toni W. Rutgerson
PO Box 17116
Nashville, TN 37217

RE: Matthews, Rhoda Lynette Date of Death: 11/28/2018 SSN: xxx-xx-3074
Our File Number: 98499

Toni W. Rutgerson:

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

No Ben 2021-1

Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 060137

DECEDENT

1. DECEDENT'S LEGAL NAME: RAY DONALD MATTHEWS
2. SEX: MALE
3. DATE OF DEATH: 10/23/2019
4. TIME OF DEATH (Hours): 00:44
5. AGE: 38
6. UNDER 1 YEAR: Hours / Days
7. UNDER 1 DAY: Hours / Minutes
8. CASE OF DEATH: [redacted]
9. BIRTHPLACE: NASHVILLE, TN
10. PLACE OF DEATH: INPATIENT
11. FACILITY NAME: TRISTAR CENTENNIAL MEDICAL CENTER
12. CITY OR TOWN: NASHVILLE
13. COUNTY OF DEATH: DAVIDSON
14. MARITAL STATUS: NEVER MARRIED
15. SURVIVING SPOUSE (name prior to first marriage)
16a. DECEDENT'S USUAL OCCUPATION: CONSTRUCTION
16b. KIND OF BUSINESS/INDUSTRY: DISABLED
17. SOCIAL SECURITY NUMBER: [redacted]
18a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE
18b. COUNTY: DAVIDSON
18c. CITY OR TOWN: NASHVILLE
18d. STREET AND NUMBER: 449 RURAL HILL RD
18e. INSIDE CITY LIMITS?: YES
18f. ZIP CODE: 37217
19. WAS DECEDENT EVER IN U.S. ARMED FORCES?: NO
20. DECEDENT'S EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
21. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO
22. DECEDENT'S RACE: BLACK OR AFRICAN AMERICAN

PARENTS

23. FATHER'S NAME: RAY DONALD BRYANT
24. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: RHONDA MATTHEWS

INFORMANT

25a. INFORMANT'S NAME: WANDA MARSHALL
25b. RELATIONSHIP TO DECEDENT: AUNT
25c. MAILING ADDRESS: 837 WHITNEY ST, CEDAR HILL, TN 78104

DISPOSITION

26a. METHOD OF DISPOSITION: BURIAL
26b. PLACE OF DISPOSITION: BENEVOLENT CEMETERY
26c. LOCATION: GOODLETTSVILLE, TN
27a. SIGNATURE OF FUNERAL DIRECTOR: /s/ ROBERT GERMAINE MENTESE
27b. LICENSE NUMBER: 3804
27c. SIGNATURE OF EMBALMER: /s/ Robert Germaine Mentese
27d. LICENSE NUMBER: 5805
28a. NAME AND ADDRESS OF FUNERAL HOME: SUMNER COUNTY FUNERAL AND CREMATION SERVICES, 138A WEST EASTLAND AVE, GALLATIN, TN 37066
28b. LICENSE NUMBER: 1345

REGISTRAR

29. REGISTRAR'S SIGNATURE: /s/ EDWARD G BISHOP III
30. DATE FILED: 10/28/2019

CERTIFIER

31. CERTIFIER
31a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.
31b. ☐ 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.
31c. CERTIFIER: /s/ JENNIFER A JOHNSON
31d. LICENSE NUMBER: 042409
31e. DATE SIGNED: 10/29/2019
31f. NAME AND ADDRESS: JENNIFER A JOHNSON 2300 PATTERSON STREET, NASHVILLE, TN 37203

MEDICAL CERTIFICATION

32. 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. [redacted]
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE UNDERLYING CAUSE GIVEN IN PART I.
NEUTROPENIA, REFRACTORY MULTIPLE MYELOMA
33a. WAS AN AUTOPSY PERFORMED? NO
33b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? No
34. MANNER OF DEATH: NATURAL
35. DID TOBACCO USE CONTRIBUTE TO DEATH? NO
36. IF FEMALE: N/A
37. IF TRANSPORTATION INJURY, SPECIFY:
38a. DATE OF INJURY
38b. TIME OF INJURY
38c. INJURY AT WORK?
38d. PLACE OF INJURY
38e. DESCRIBE HOW INJURY OCCURRED
38f. LOCATION OF INJURY

TN-VS-103 (Rev. 8/2015) NCHS 10/19

11608163

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.

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

1 1 6 0 8 1 6 3

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

Date Issued: Oct-31-2019

CERTIFICATION OF VITAL RECORD

202312040093341

CERTIFICATION

I, Rebecca Waynick, do hereby make oath that I am a licensed attorney 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 November 1, 2023.

Affiant Signature Date 11/09/2023

State of Tennessee; County of Davidson

Sworn to and subscribed before me on this 9 day of November, 2023,

Notary Public
My Commission Expires:

