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. Terry R. Matthews (the "decedent"), a resident of Davidson County, Tennessee, who died intestate on July 22, 1991, 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

*Terry R. Mathews and Terry R. Matthews are one and the same person

Karen Johnson Davidson County
Batch# 1078012 AFFIDAVITH
12/04/2023 12:54:30 PM 6 pgs
Fees: $32.00 Taxes: $0.00
20231204-0093346

202312040093346

2. The decedent left no probate estate to be administered.
3. A release from the Bureau of TennCare was received and is attached hereto as *Exhibit B*.
4. At the time of his death, the decedent was married to Ruthie Matthews.
5. The decedent had three (3) children at the time of his death: Terrance Wilburn, Terri Nicole Matthews, and Terry Matthews, Jr.
6. By operation of law, at the death of the decedent, title to the Property was vested as follows:

Ruthie Matthews, a 1/21 undivided, fee simple interest
(being 1/3 of the decedent's interest)

Terrance Wilburn, a 2/63 undivided, fee simple interest
(being 2/9 of the decedent's interest)

Terri Nicole Matthews, a 2/63 undivided, fee simple interest
(being 2/9 of the decedent's interest)

Terry Matthews, Jr., a 2/63 undivided, fee simple interest
(being 2/9 of the decedent's interest)

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

STATE OF TENNESSEE
Office of Vital Records

EXHIBIT A

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

CERTIFICATE OF DEATH

9103542

STATE FILE NUMBER 91 026296

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S NAME (First, Middle, Last): TERRY RAY MATHEWS SR.
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): JULY 27, 1991
4. SOCIAL SECURITY NUMBER (or Document): [redacted]
5a. AGE - LAST BIRTHDAY (Years): 41
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 24 HOURS: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): [redacted]
7. BIRTHPLACE (City, and State or Foreign Country): NASHVILLE, TENN.

ACCIDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 3 [X] Yes 2 [ ] No
8a. PLACE OF DEATH (Check only one): HOSPITAL 1 [X] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA; OTHER 4 [ ] Nursing Home 5 [ ] Residence 6 [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): ST. THOMAS HOSPITAL 060
8c. CITY, TOWN, OR LOCATION OF DEATH: NASHVILLE
8d. COUNTY OF DEATH: DAVIDSON
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): RUTHIE WILBURN
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT use retired): MACHINE OPERATOR
12b. KIND OF BUSINESS/INDUSTRY: STEEL MFG.
13a. RESIDENCE - STATE: TENNESSEE
13b. COUNTY: DAVIDSON 19
13c. CITY, TOWN OR LOCATION: NASHVILLE 094
13d. STREET AND NUMBER OR RURAL LOCATION: 860 MURFREESBORO RD., APT. F-11
13e. INSIDE CITY LIMITS? 1 [X] Yes 2 [ ] No
13f. ZIP CODE: 37217
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—not vital statistics item; specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No
Specify, if yes:
15. RACE—American Indian, Black, White, etc. (Specify): BLACK AMERICAN
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17. FATHER'S NAME (First, Middle, Last): CHARLES RAY MATHEWS
18. MOTHER'S NAME (First, Middle, Maiden Surname): [redacted]

INFORMANT

19a. INFORMANT'S NAME (Type/Print): MRS. RUTHIE MATHEWS
19b. RELATIONSHIP TO DECEASED: WIFE
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 860 MURFREESBORO RD., APT. F-11, NASHVILLE, TN.

DISPOSITION

20a. METHOD OF DISPOSITION: 1 [X] Burial 2 [ ] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): BENEVOLANT CEMETERY
20c. LOCATION—City or Town, State: GOODLETTSVILLE, TENN.
21a. SIGNATURE OF FUNERAL DIRECTOR: ▶ TIMOTHY M. GARRETT
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 2943
21c. SIGNATURE OF EMBALMER: ▶ JEFF CROY
21d. LICENSE NUMBER OF EMBALMER: 3867
22a. NAME AND ADDRESS OF FUNERAL HOME: COLE & GARRETT, P.O. BX 444, GOODLETTSVILLE, TENN. 37072
22b. LICENSE NUMBER OF FUNERAL HOME: 718

REGISTRATION

23. REGISTRAR'S SIGNATURE: ▶ Margo C. Blanton
24. DATE FILED (Month, Day, Year): July 30 1991

CERTIFIER

25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 [ ] SIGNATURE AND TITLE OF PHYSICIAN: ▶ [illegible] MD
25b. LICENSE NUMBER: MD 11363
25c. DATE SIGNED (Month, Day, Year): 7/26/91
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 [ ] SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▶
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS.

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): HENRY S. JENNINGS, III, M.D., ST. THOMAS MEDICAL BLDG., 4230 HARDING RD., NASHVILLE, TN. 37205

SEE INSTRUCTIONS ON OTHER SIDE

FAITH IN DEATH

28.
29.
30.
31.

TH-1053 REV. 1/89

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

14804807

Edward G. Bishop III
State Registrar

Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Mar-10-2023

CERTIFICATION OF VITAL RECORD

202312040093346

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: Matters, Sr., Terry Ray Date of Death: 7/22/1991 SSN: xxx-xx-0250
Our File Number: 98481

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

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:

