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

Karen Johnson Davidson County
Batch# 1144472 AFFIDAVITH
06/07/2024 08:43:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20240607-0042689

AFFIDAVIT OF HEIRSHIP

The undersigned, Affiant, **BRENDA ALLISON** residing in Davidson County, Tennessee being first duly sworn and according to law, being of lawful age and having known the Decedent, **JOYCE CHILDRESS**, during their lifetime as being a close, family friend of the Decedent for a majority of her adult life, and therefore being familiar with the Decedent's family's history and knowing the Decedent named herein personally; and pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby depose and swear to the following on her own free will and based upon their personal knowledge and familiarity:

1. The said **JOYCE CHILDRESS** (hereinafter the "Decedent") died intestate on January 9th, 2024.

2. The Decedent **JOYCE CHILDRESS**, at the time of her death, was unmarried.

3. The Decedent **JOYCE CHILDRESS** was survived by one adult issue, namely: **SHELLIE CHILDRESS**. The Decedent had no other children born to her, nor adopted by her during her lifetime.

4. This Affidavit is being provided to clarify title to all real property **JOYCE CHILDRESS** may have had interest in at time of her death, including but not exclusive to the property commonly known as: 2309 Burns Street, Nashville, Tennessee 37216.

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

6. 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.

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

Further, Affiants saith not.

Brenda Allison

BRENDA ALLISON, ***Affiant***

Jill Neely
STATE OF TENNESSEE NOTARY PUBLIC
County of Davidson

SUBSCRIBED AND SWORN TO before me this 6th day of June, 2024.

Jill M Neely

Notary Public My Commission Expires: 01-06-2024

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Personally appeared before me, Jill M Neely, a Notary Public in and for said County and State, **BRENDA ALLISON**, the within named individual, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal this the 6th day of June, 2024.

Jill Neely
STATE OF TENNESSEE NOTARY PUBLIC
County of Davidson

Jill M Neely

NOTARY PUBLIC

My Commission Expires: 01-06-2025

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 3, 2024

Devin Park
885 Conference Dr., #500
Goodlettsville, TN 37072

RE: Childress, Joyce Ann Date of Death: 1/9/2024 SSN: xxx-xx-9047
Our File Number: 129427

Devin Park:

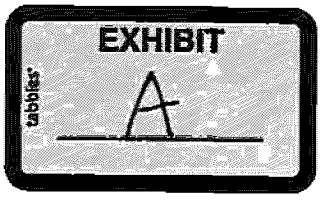
The referenced decedent did not receive TennCare Long-Term Services and Supports. Therefore, the State of Tennessee hereby releases the TennCare claim against this estate pursuant to Tenn. Code Ann. § 71-5-116(c)(2). This release is not a waiver of the right of the State of Tennessee to pursue criminal 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 annuities, 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 or annuity, 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 or annuity when making such a request.

Sincerely,

Joan Jackson

TennCare RFR Processing Unit



Under 2024

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 **06/06/2024** [DATE].

AFFIANT SIGNATURE

06/07/2024
DATE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Sworn to and subscribed before me on this the **7th** day of **June**, 2024.

Notary Signature
My Commission Expires: 01-06-2025
[SEAL]

