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# 1158983 AFFIDAVITH
07/17/2024 08:46:30 AM 5 pgs
Fees: $27.00 Taxes: $0.00
20240717-0053647

AFFIDAVIT OF HEIRSHIP

The undersigned, Affiant, **TERRY ALTON CORDELL,** resident of, Williamson County Tennessee, being first duly sworn and according to law, being of lawful age and having known the named Decedent during her lifetime as her brother-in-law pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby deposes and swears to the following on his own free will and based upon personal knowledge and familiarity:

1. The said **ELAINE BETTY SMITH,** died intestate on or about 06/18/2024 and was a resident of Davidson County, Tennessee.

2. The said **ELAINE BETTY SMITH** at the time of her death, was widowed, of majority age, and remained a single person during the remainder of her lifetime.

3. The Decedent had four (4) natural children born to her during her lifetime: namely, **RICHARD ALLEN CLINARD, ROBERT FLOYD CLINARD, RAYMOND LYNN CLINARD, and RANDALL ALLAN CLINARD.** The said **RANDALL ALLAN CLINARD** predeceased **ELAINE BETTY SMITH** having only one (1) child born to him and adopting no others, to wit: **REBECCA LEIGH STANFORD,**
and had no other children born to or adopted by them during their lifetime.

4. That the said **RICHARD ALLEN CLINARD, ROBERT FLOYD CLINNARD, RAYMOND LYNN CLINARD, and REBECCA LEIGH STANFORD** named hereinabove were living at the time of Decedent's death.

5. This Affidavit is being provided to clarify title to all real property **ELAINE BETTY SMITH** may have had interest in at the time of her death, including but not exclusive to the property commonly known as: 221 McCoin Drive, Goodlettsville, Davidson County, Tennessee, 37072; and being more particularly described in Instrument No. 2000717-0070326, Register's Office for Davidson County, Tennessee, to which reference is hereby made for a more complete description.

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 their 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 in order to establish chain of title by descent and distribution.

Further, Affiant saith not.

[Signature page to follow and the remainder of this page is intentionally left blank.]

Terry Alton Cordell

TERRY ALTON CORDELL, *Affiant*

SUBSCRIBED AND SWORN TO before me this 24 day of June, 2024.



NOTARY PUBLIC

My Commission Expires: October 17, 2027

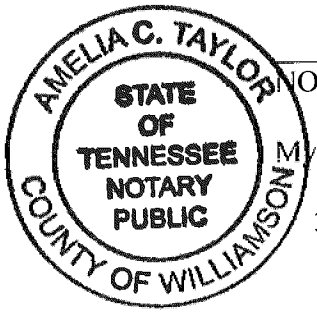
STATE OF TENNESSEE

COUNTY OF ~~DAVIDSON~~ Williamson
ACT

Personally appeared before me, Amelia C. Taylor, a Notary Public in and for said County and State, TERRY ALTON CORDELL, 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 Franklin, Tennessee this the 24 day of June, 2024.

SUBSCRIBED AND SWORN TO before me this 24 day of June, 2024.



NOTARY PUBLIC

My Commission Expires: October 17, 2027

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 20, 2024

Mark E. Watson
885 Conference Dr., #500
Goodlettsville, TN 37070

RE: Smith, Elaine Betty Date of Death: 5/18/2024 SSN: xxx-xx-1656
Our File Number: 131103

Mark E. Watson:

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 **06/24/2024** [DATE].

AFFIANT SIGNATURE

07/16/2024
DATE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Sworn to and subscribed before me on this the **16th** day of **July**, 2024.

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

