This instrument Prepared by.
Clements & Eubanks, PC
7213 Noah Reid Road, Suite 102
Chattanooga, Tennessee 37421
(423) 713-7749

Karen Johnson
Batch # 1326647
09/25/2025 08 23 30 AM
Fees $27 00 Taxes $0 00
Davidson County
AFFIDAVITH
5 pgs
20250925-0076368

Address New Owner(s) As Follows:	Send Tax Bills To:	Map Parcel Numbers
David Stephen Keil, Jr. **2 King Street** **Rossville, GA 30741**	**SAME**	**Map 164-13,** **Parcel 11,** **2DX-09534**

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE
COUNTY OF HAMILTON

We, **Gail Solomon and Ron Solomon,** both individuals over the age of 18, of sound mind and with personal knowledge of the matters stated herein, after first being duly sworn, depose and say as follows:

Charlotte D. Keil a/k/a Helen Charlotte Keil died intestate in Rossville, Georgia on June 18, 2025, owning the property identified hereinabove as Map 164-13, Parcel 11, 2DX-09534 as reflected by the deed filed with the Register's Office of Davidson County, Tennessee in Book 9972, Page 609. **See Legal Description attached hereto as Exhibit A and Georgia Death Certificate for Charlotte D. Keil a/k/a Helen Charlotte Keil, attached hereto as Exhibit B.**

At the time of her death Charlotte D. Keil a/k/a Helen Charlotte Keil was unmarried and remained unmarried from the date of acquisition of the above-referenced property until her death. She was survived by her only child, David Stephen Keil, Jr. **By the laws of intestacy of Tennessee, Charlotte D. Keil a/k/a Helen Charlotte Keil's interest in the aforesaid property is passed to her only child and sole heir at law, David Stephen Keil, Jr.**

The estate of Charlotte D. Keil a/k/a Helen Charlotte Keil is not expected to be administered in a proceeding supervised by a Court. The deceased did not receive TennCare Long-Term Services and Supports, as reflected by the **TennCare Release attached hereto as Exhibit C.**

We, the undersigned, being acquainted with Charlotte D. Keil a/k/a Helen Charlotte Keil and her family for many years, Gail Solomon a lifelong friend of the deceased for over 30 years, and Ron Solomon as a pastor to the family for over 30 years, hereby state that the heirs at law listed above are the only heirs of Charlotte D. Keil a/k/a Helen Charlotte Keil and as such are the proper parties entitled to share in her interest in the property described in Exhibit A.

We, the undersigned, being first duly sworn do hereby declare the above statements made by us are correct and we have executed the foregoing instrument for the purposes stated herein and that we have executed this affidavit according to our own knowledge of the affairs which are stated herein, and we are each under no constraint, duress or undue influence.

WHEREAS, I have hereunto set my hand this 16 day of September 2025.

Gail Solomon

Gail Solomon, Affiant

STATE OF TENNESSEE)
COUNTY OF HAMILTON)

Personally appeared before me, the undersigned Notary Public of said County and State, **Gail Solomon** the within named Affiant with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument of the purposes therein contained.

WITNESS my hand at office this 16th day of September 2025.

CHERYL M. CATE STATE OF TENNESSEE NOTARY PUBLIC HAMILTON COUNTY

Cheryl M. Cate

Notary Public
My commission Expires: 4-28-2026

WHEREAS, I have hereunto set my hand this 16 day of September 2025.

Ron Solomon

Ron Solomon, Affiant

STATE OF TENNESSEE)
COUNTY OF HAMILTON)

Personally appeared before me, the undersigned Notary Public of said County and State, **Ron Solomon**, the within named Affiant with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she executed the within instrument of the purposes therein contained.

WITNESS my hand at office this 16th day of September 2025.

CHERYL M. CATE STATE OF TENNESSEE NOTARY PUBLIC HAMILTON COUNTY

Cheryl M. Cate

Notary Public
My commission Expires: 4-28-2026

EXHIBIT A

Real property in the Davidson County, Tennessee to wit:

LAND in Davidson County, Tennessee, being Lot No. 297 of Asheford Crossing, Section One, a Planned Unit Development, of record in Plat Book 7900, page 937, said Register's Office, to which plat reference is hereby made for a more complete legal description.

BEING part of the same property conveyed to Phillips Builders, Inc., a Tennessee Corporation by deed from Luther A. Hill, Oly R. Hill and Charles W. Hill, as Co-Trustees of record in Book 9336, page 227, Register's Office of Davidson County, Tennessee.

THIS conveyance is subject to Declaration of Covenants of record in Book 9651, page 900, said Register's Office; easements and setback lines as set forth on the above plan of record; and taxes for the current year which have been prorated and assumed by the Grantee(s) herein.

Taxes for the Year 2025 are assumed by David Stephen Keil, Jr.

This is improved property known as 205 Crosshaven Court, Antioch, Tennessee 37013.

FOR PRIOR TITLE see Warranty Deed by Phillips Builders, Inc., to Charlotte D. Keil a/k/a Helen Charlotte Keil recorded in Book 9972, Page 609, in the Register's Office for Davidson County, Tennessee. No boundary survey of the within land was made at the time of this conveyance, and the description of the within land is not different from previous deed(s).

GEORGIA DEATH CERTIFICATE

State File Number 2025GA000043646

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) HELEN CHARLOTTE KEIL	1a. IF FEMALE, ENTER LAST NAME AT BIRTH DYER	2 SEX FEMALE	2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 06/18/2025

3 SOCIAL SECURITY NUMBER [redacted]	4a AGE (Years) 83	4b UNDER 1 YEAR Mos / Days	4c UNDER 1 DAY Hours / Mins	5. DATE OF BIRTH (Mo., Day, Year) 09/14/1941	

6. BIRTHPLACE TENNESSEE	7a. RESIDENCE - STATE TENNESSEE	7b COUNTY DAVIDSON	7c, CITY, TOWN ANTIOCH

7d. STREET AND NUMBER 205 CROSSHAVEN COURT	7e ZIP CODE 37013	7f INSIDE CITY LIMITS? YES	8 ARMED FORCES? NO

8a USUAL OCCUPATION SECRETARY	8b KIND OF INDUSTRY OR BUSINESS SECRETARIAL INDUSTRY

9 MARITAL STATUS DIVORCED	10 SPOUSE NAME	11 FATHER'S FULL NAME (First, Middle, Last) JAMES CRAWFORD DYER

12 MOTHER'S MAIDEN NAME (First, Middle, Last) VERA LEE BROWN	13a INFORMANT'S NAME (First, Middle, Last) DAVID STEPHEN KEIL	13b, RELATIONSHIP TO DECEDENT SON

13c MAILING ADDRESS 2 KING STREET ROSSVILLE GEORGIA 30741	14 DECEDENT'S EDUCATION ASSOCIATE DEGREE

15 ORIGIN OF DECEDENT (Spanish/Hispanic/Latino) NO, NOT SPANISH/HISPANIC/LATINO	16 DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) WHITE

17a IF DEATH OCCURRED IN HOSPITAL	17b IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) SON'S RESIDENCE

18 HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) 2 KING STREET	19 CITY, TOWN or LOCATION OF DEATH ROSSVILLE	20 COUNTY OF DEATH WALKER

21 METHOD OF DISPOSITION (specify) BURIAL	22. PLACE OF DISPOSITION TENNESSEE GEORGIA MEMORIAL PARK 724 HOGAN ROAD ROSSVILLE GEORGIA 30741	23 DISPOSITION DATE (Mo., Day, Year) 06/24/2025

24a EMBALMER'S NAME	24b EMBALMER LICENSE NO.	25 FUNERAL HOME NAME COMPANION FUNERAL AND CREMATION SERVICE-CLEVELAND

25a. FUNERAL HOME ADDRESS
2415 GEORGETOWN ROAD NW CLEVELAND TENNESSEE 37311

26a SIGNATURE OF FUNERAL DIRECTOR AVA HONEYSUCKER	26b. FUN DIR LICENSE NO 6721	AMENDMENTS

27 DATE PRONOUNCED DEAD (Mo., Day, Year) 06/18/2025	28 HOUR PRONOUNCED DEAD 07:57 AM

29a. PRONOUNCER'S NAME KATIE JOHNSON	29b LICENSE NUMBER 195547	29c. DATE SIGNED 06/18/2025

30. TIME OF DEATH 07:57 AM	31. WAS CASE REFERRED TO MEDICAL EXAMINER UNKNOWN

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 DO NOT ABBREVIATE

		Approximate Interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A RESPIRATORY FAILURE	NOT REPORTED
	Due to, or as a consequence of B METASTATIC BREAST CANCER	NOT REPORTED
	Due to, or as a consequence of C	
	Due to, or as a consequence of D	

Part II Enter significant conditions contributing to death but not related to cause given in Part 1A. If female, indicate if pregnant or birth occurred within 90 days of death	33 WAS AUTOPSY PERFORMED? NO	34 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

35 TOBACCO USE CONTRIBUTED TO DEATH NO	36 IF FEMALE (range 10-54) PREGNANT NOT PREGNANT WITHIN THE PAST YEAR	37 ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) NATURAL

38 DATE OF INJURY (Mo., Day, Year)	39. TIME OF INJURY	40 PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)	41 INJURY AT WORK? (Yes or No)

42 LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)

43 DESCRIBE HOW INJURY OCCURRED	44 IF TRANSPORTATION INJURY

45 To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated Medical Certifier (Name, Title, License No.) MICHAEL E WILSON, MD, 32496	46 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) stated Medical Examiner/Coroner (Name, Title, License No.)

45a DATE SIGNED (Mo., Day, Year) 06/20/2025	45b HOUR OF DEATH 07:57 AM	46a DATE SIGNED (Mo., Day, Year)	46b HOUR OF DEATH

47 NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH
MICHAEL E WILSON 8566-C HIGHWAY 27 N ROCK SPRING GEORGIA 30739

48 REGISTRAR (Signature) /S/ CYNTHIA M BUSKEY	49. DATE FILED - REGISTRAR (Mo., Day, Year) 06/24/2025

Form 3903 (Rev 04/2012), GEORGIA DEPARTMENT OF PUBLIC HEALTH

EXHIBIT
tabbies
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

September 17, 2025

J. Drew Clements
7213 Noah Reid Rd, #102
Chattanooga, TN 37421

RE: Keil, Helen Charlotte Date of Death· 6/18/2025 SSN: xxx-xx[redacted]
Our File Number: 168262

J Drew Clements.

The referenced decedent did not receive TennCare Long-Term Services and Supports and/or is not subject to estate recovery. 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

