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# 1361784 AFFIDAVITH
12/29/2025 09:46:30 AM 4 pgs
Fees: $22.00 Taxes: $0.00
20251229-0102512

AFFIDAVIT OF HEIRSHIP

The undersigned Affiant, **MARGARET GRAHAM**, a resident of Rutherford County, Tennessee, being first duly sworn and according to law, being of lawful age and having known the Decedent, **DORTHEA LYNN CABLE POOLE,** during her lifetime as being her friend, and pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby deposes and swears to the following on her own free will and based upon personal knowledge and familiarity:

1. The said **DORTHEA LYNN CABLE POOLE** (the "Decedent") died intestate on November 21, 2022.

2. The said **DORTHEA LYNN CABLE POOLE,** at the time of her death, was unmarried.

3. The Decedent had one natural child born during her lifetime: namely, **STEVEN M. POOLE.** She had no other children born to or adopted by her during her lifetime.

4. **STEVEN M. POOLE** is the only surviving heir at law of the decedent.

7. This Affidavit is being provided to clarify title to all real property **DORTHEA LYNN CABLE POOLE** may have had interest in at the time of her death, including but not exclusive to the property commonly known as: 211 Isaac Drive, Goodlettsville, Tennessee 37072, Parcel ID 01807000900; said Register's Office for Davidson County, Tennessee.

8. 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.

9. 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.

MARGARET GRAHAM, *Affiant*

CRYSTIAL STEGALL
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

SUBSCRIBED AND SWORN TO before me this 8th day of Dec 2025.

Notary Public

My Commission Expires: 07.17.2027

STATE OF TENNESSEE
COUNTY OF Williamson

Personally appeared before me, Crystial Stegall, a Notary Public in and for said County and State, **Margaret Graham**, 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 Murfreesboro, Tennessee this the 8th day of December 2025.

Notary Public

My Commission Expires: 07.17.2027

CRYSTIAL STEGALL
STATE OF TENNESSEE NOTARY PUBLIC
WILLIAMSON COUNTY

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

#

November 17, 2025

Don Duke
885 Conference Dr., #500
Goodlettsville, TN 37070

RE: Poole, Dorthea Lynn Date of Death: 11/21/2022 SSN: xxx-xx-4303
Our File Number: 173372

Don Duke:

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

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 **12/8/2025** [DATE].

AFFIANT SIGNATURE

12/8/2025
DATE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Sworn to and subscribed before me on this the **8th** day of **December**, 2025.

Notary Signature
My Commission Expires: 8/1/28
[SEAL]

