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# 1424693 AFFIDAVITH
05/22/2026 02:55:30 PM 7 pgs
Fees: $37.00 Taxes: $0.00
20260522-0047166

AFFIDAVIT OF HEIRSHIP

The undersigned, Affiants, **BOBBIE HAMLET FARMER**, a resident of Davidson County, Tennessee, being first duly sworn and according to law, being of lawful age and having known the Decedent during his lifetime as a family relative not of lineal decent, and **KATHY M. JONES,** the sole heir at law of **HENRY H. JONES**, Decedent, and pursuant to Section 30-2-712 of the Tennessee Code Annotated, hereby depose and swear to the following on their own free will and based upon personal knowledge and familiarity:

1. **HENRY H. JONES, the Decedent,** died intestate on 05/07/2026 and was a resident of Davidson County, Tennessee.

2. The Decedent was a single person at the time of his death having been pre-deceased by his Wife, Wilma Roberta Jones (DOD:10/19/2019).

3. The Decedent had one (1) natural child born to him, to wit: **KATHY M. JONES;** and adopted no others.

4. This Affidavit is being provided to clarify title to all real property **HENRY H. JONES** may have had interest in at the time of his death, including but not exclusive to the property commonly known as: 2756 Morgan Road, Joelton, Davidson County, Tennessee 37080 and more particularly described in Book 4606, Page 492, said 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 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.

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, Affiants saith not.

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

KATHY M. JONES, ***Affiant/Sole Heir at Law***

SUBSCRIBED AND SWORN TO before me Bryce Poole this 21st day of May 2026.

BRYCE POOLE STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

NOTARY PUBLIC

My Commission Expires: 11-08-2027

STATE OF TENNESSEE
COUNTY OF Davidson

Personally appeared before me, Bryce Poole, a Notary Public in and for said County and State, **KATHY M. JONES**, 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 Goodlettsville, Tennessee this the 21st day of May, 2026.

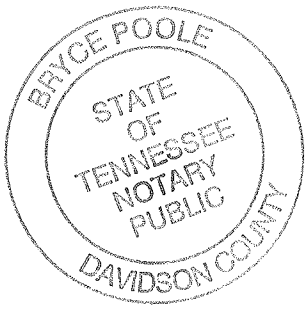
BRYCE POOLE STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

NOTARY PUBLIC

x Bobbie Hamlet Farmer

BOBBIE HAMLET FARMER, ***Affiant***

SUBSCRIBED AND SWORN TO before me Bryce Poole this 21st day of May, 2026.



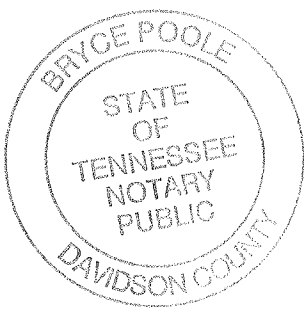
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Witness my hand and official seal at Goodlettsville, Tennessee this the 21st day of May, 2026.



NOTARY PUBLIC

My Commission Expires: 11-08-2027

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
#

May 22, 2026

Russell E. Freeman
885 Conference Dr., #500
Goodlettsville, TN 37072

RE: Jones, Henry H. Date of Death: 5/7/2026 SSN: xxx-xx-5947
Our File Number: 188557

Russell E. Freeman:

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

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, 2026

Russell E. Freeman
885 Conference Dr., #500
Goodlettsville, TN 37072

RE: Jones, Wilma Roberta Date of Death: 10/9/2019 SSN: xxx-xx-0906
Our File Number: 188564

Russell E. Freeman:

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

CERTIFICATE OF AUTHENTICITY

I, **Russell Freeman**, 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 5/21/2026 [DATE].

AFFIANT SIGNATURE

5/21/2026
DATE

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Sworn to and subscribed before me on this the 21st day of May, 2026.

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

