Karen Johnson Davidson County
Batch# 1480216 AFFIDAVIT
10/02/2026 09:00:30 AM 6 pgs
Fees: $32.00 Taxes: $0.00
20261002-0090867

Prepared by and Return to:
Amy Cross Nance, Esq.
Attorney at Law
103 Forrest Crossing Blvd Suite 205
Franklin, TN 37064
(615) 794-5644

AFFIDAVIT OF INHERITANCE (REAL ESTATE) PURSUANT TO T.C.A. §30-2-712

STATE OF Tennessee
COUNTY OF Davidson

Affiant, Stephen Holley Harrison after first being duly sworn, states that he is an adult citizen and resident of Davidson County Tennessee.

Affiant, Kathryn McCall, after first being duly sworn, states that she is an adult citizen and resident of Davidson County, Tennessee.

Affiant, Robert Calvin Harrison, Jr. after first being duly sworn, states that she is an adult citizen and resident of Davidson County, Tennessee.

Affiant, Kathy Trompeter. after first being duly sworn and being at an adult citizen age states that (s)he is a family friend of the Harrison family for 20+ years and states (s)he is very familiar with the family history.

The Affiants state as follows:

1. John Alan Harrison was not married at the time of his death.

2. John Alan Harrison never had any children.

3.

4. John Alan Harrision parents Robert Calvin Harrison and Ann H. Heard on had four children being John Alan Harrison, Stephen Holley Harrision, Kathryn McCall and Robert Calvin Harrison, Jr.

5. John Alan Harrision died inestate on March 11, 2026, in Davidson County, Tennessee, leaving three siblings, Stephen Holley Harrision, Kathryn McCall and Robert Calvin Harrison, Jr. . A copy of the Certificate of Death is attached as Exhibit "A".

6. This Affidavit of Heirship is freely given pursuant to Section 30-2-712, *et seq.*, Tenn. Code Ann., to help establish and reflect the heirship with respect to any real or personal property owned by John Alan Harrision in Davidson County, Tennessee, or elsewhere. The Affiants acknowledge 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 purposes.

7. The release for Tenncare is attached as Exhibit "B".

8. The Affiants understand that this Affidavit has been executed, as an Affidavit of Heirship pursuant to the provisions of Tennessee Code Annotated §30-2-712, in order to confirm the vesting of title to the real property located at 9125 Southh Harpeth Rd. Nashville, TN 37211

Further affiant saith not.

Stephen Holley Harrison

Kathryn McCall

Robert Calvin Harrison, Jr.

SUBSCRIBED AND SWORN TO before me this 30th day of Sept 2026.

Notary Public
My Commission expires 3/15/30

STATE OF Tennessee
COUNTY OF Davidson

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Stephen Holley Harrison, the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that (s)he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Madison, Tennessee this 30th day of September, 2026.

My Commission expires 3/15/30

Notary Public

STATE OF Tennessee
COUNTY OF Davidson

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Kathryn McCall, the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that (s)he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Madison, Tennessee, this 30th day of September, 2026.

My Commission expires 3/15/30

Notary Public

STATE OF Tennessee
COUNTY OF Davidson

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Robert Calvin Harrison, Jr., the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that (s)he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Madison, Tennessee, this 30th day of September, 2026.

My Commission expires 3/15/30

Notary Public

STATE OF Tennessee
COUNTY OF Davidson

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, the within named Kathy Frazier, the bargainor(s), with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and who acknowledged that (s)he executed the within instrument for the purposes therein contained.

Witness my hand and official seal at Madison, Tennessee, this 30th day of September, 2026.

My Commission expires 3/15/30

Notary Public

I, Amy Cross Nance, 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 this **30th** day of **September** 2026

Dated **9/30**, 2026

SUBSCRIBED AND SWORN TO before me this 30th day of September 2026

Notary Public
My Commission expires 3/4/29

EMILY HOBBY
TENNESSEE NOTARY PUBLIC
COUNTY OF MARSHALL

STATE OF TENNESSEE
COUNTY OF WILLIAMSON

Personally appeared before me the within named Amy Cross Nance who made oath that she has read the foregoing Affidavit and the things and matters contained therein are true. The Affiant did further acknowledge that she executed the within described document for the purpose of herein described.

Witness my hand and official seal this **30th** day of _____, 2026

My commission expires: 3/4/29

Notary Public

EMILY HOBBY
TENNESSEE NOTARY PUBLIC
COUNTY OF MARSHALL

STATE OF TENNESSEE

CERTIFICATION OF VITAL RECORD

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER 2026 020960

1. Decedent's Legal Name			2. Sex	3. Date of Death
JOHN ALAN HARRISON			MALE	03/11/2026
4. Time of Death (Approx.)	**5a. Age**	**6. Date of Birth**	**7. Birthplace**	
09:29 AM	63	05/04/1962	BOWLING GREEN, KY	
8a. Place of Death				
ER/OUTPATIENT				
8b. Facility Name		**8c. City or Town**	**8d. County of Death**	
SAINT THOMAS WEST HOSPITAL		NASHVILLE	DAVIDSON	
9. Marital Status	**10. Surviving Spouse** (name prior to first marriage)	**11a. Decedent's Usual Occupation**	**11b. Kind of Business/Industry**	
DIVORCED		CUSTOM HOME BUILDER	GIANIKAS CONSTRUCTION	
12. Social Security Number	**13a. Residence-State or Foreign Country**	**13b. County**	**13c. City or Town**	
[redacted]	TENNESSEE	DAVIDSON	NASHVILLE	
13d. Street and Number	**13e. Inside City Limits?**	**13f. Zip Code**	**14. Was Decedent ever in US Armed Forces?**	
9125 S HARPETH RD	YES	37221	NO	
15. Decedent's Education	**16. Decedent of Hispanic Origin?**	**17. Decedent's Race**		
HIGH SCHOOL GRADUATE OR GED COMPLETED	NO, NOT SPANISH/HISPANIC/LATINO	WHITE		
18. Father's Name		**19. Mother's Name Prior to First Marriage**		
ROBERT CALVIN HARRISON		ANN HOLLEY HEARD		
20a. Informant's Name	**20b. Relationship to Decedent**	**20c. Mailing Address**		
KATHRYN HARRISON MCCALL	SISTER	9131 S HARPETH RD, NASHVILLE, TN 37221		
21a. Method of Disposition	**21b. Place of Disposition**	**21c. Location**		
CREMATION	HENDERSONVILLE CREMATION CENTER	HENDERSONVILLE, TN		
22a. Signature of Funeral Director	**22b. License Number**	**22c. Signature of Embalmer**	**22d. License Number**	
▶ /e/ THOMAS J RASH	20545	▶		
23a. Name and Address of Funeral Home			**23b. License Number**	
HARPETH HILLS MEMORY GARDENS, FUNERAL HOME AND CREMATION CENTER, 9090 HIGHWAY 100, NASHVILLE, TN 37221-			848	
24. Registrar's Signature		**25. Date Filed**		
▶ /e/ EDWARD G BISHOP III		04/08/2026		

26. Certifier

26a. ☒ **PHYSICIAN** – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

26b. ☐ **MEDICAL EXAMINER** – ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

27a. Certifier	27b. License Number	27c. Date Signed
▶ /e/ TRACY MARIE MOTYKA	038994	04/07/2026

27d. Name and Address

TRACY MARIE MOTYKA 4220 HARDING PIKE, NASHVILLE, TN 37205

28. 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. ENTER ONLY ONE CAUSE ON A LINE.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a. ASYSTOLIC CARDIAC ARREST	1 HOUR
	b. ESOPHAGEAL CANCER	MONTHS
	c.	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

HYPERTENSION, ALCOHOL USE DISORDER

29a. Was an Autopsy Performed? NO

29b. Were Autopsy Findings Available to Complete the Cause of Death?

30. Manner of Death	31. Did Tobacco Use Contribute to Death?	32. If Female:
NATURAL	UNKNOWN	N/A

33. If Transportation Injury, Specify:	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?	34d. Place of Injury
	34e. Describe How Injury Occurred			34f. Location of Injury

PH-1659E RDA 10112

I certify that this is a true and correct representation of the original certificate on file with the Tennessee Office of Vital Records. This copy is not valid unless prepared on security paper displaying the state seal and signature of the State Registrar.

Edward G. Bishop III
State Registrar

John R. Dunn, DVM, PhD, EMBA-SL
Commissioner

Date Issued: Apr-08-2026

0 1 8 0 0 3 7 2 3

20261002009086?

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

#

April 30, 2026

Amy Cross Nance
103 Forrest Crossing Blvd, #205
Franklin, TN 37064

RE: Harrison, John Alan Date of Death: 3/11/2026 SSN: xxx-xx-7009
Our File Number: 186616

Amy Cross Nance:

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