AFFIDAVIT OF HEIRSHIP

Re: Estate of
Orlandon Gaines

Karen Johnson Davidson County
Batch # 1370904 AFFIDAVITH
01/16/2026 01:08:39 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20260116-0004110

State of TN

davidson County

BEFORE the undersigned authority, on this day personally appeared Janice Gaines ("Affiant"). The Affiant, being duly sworn, deposes and says:

1. I, Janice Gaines, residing at 2635 Old Buena Vista Rd, Tennessee, Nashville, being of full legal age for the purpose of establishing legal ownership over the property described in this Affidavit, hereby state the facts set forth below are within my personal knowledge and are true and correct.

2. My relationship to the Decedent is wife. I knew the Decedent for 45 years, from 1980 until the Decedent's death. Decedent's name is orlandon Gaines

3. The Decedent died on 3-28-25, and their place of death was Davidson Tn. At the time of their death, the Decedent's residence was at 2635 Old Buena Vista Rd, Nashville, Tennessee, 37218.

4. The Decedent did not leave a will. There has been an administration of their estate in Davidson Tn. The name of the appointed administrator is as follows: Janice Gaines

5. The Decedent did not own any interest in real property.

6. The Decedent left the following debts unpaid at the time of death: mortgage 70,000 hospital 1900

7. At the time of death, the Decedent's marital status was "Married." Any relevant marital history is further detailed below in subsection 7a.

7a. The Decedent's marital history involves one (1) spouse, identified and described as follows:

Spouse's Name: Janice Gaines
Date of Marriage: 06/07/1993

8. The Decedent did not have any biological or adopted children.

8a. The Decedent had the following parents:

Mother's Name: Mary Gaines

prepared by Janice Gaines
2635 old Buena vista rd
Nashville Tn 37218

8b. The Decedent had the following siblings:

1st Sibling's Name: Maurice Gaines
Date of Birth: 11/01/
Address: Chapmansboro

2nd Sibling's Name: Calvin Gaines
Date of Birth: 04 27
Address: Madison Towers

8c. The Decedent had the following nephews/nieces who are heirs of their deceased sibling(s):

1st Niece/Nephew's Name: Dariel Gaines
Date of Birth: 04/10/
Deceased Parent's Name: Alysa Nuby
Address: smyrna

2nd Niece/Nephew's Name: Phillip Gaines
Date of Birth: 11/08/1978
Deceased Parent's Name: Alysa Nuby
Address: _____

3rd Niece/Nephew's Name: Michelle Nuby
Date of Birth: 09/12/ 85
Deceased Parent's Name: Alysa Nuby
Address: _____

4th Niece/Nephew's Name: Ivory Nuby III
Date of Birth: 07/12/ 84
Deceased Parent's Name: Alysa Nuby
Address: _____

5th Niece/Nephew's Name: Daphia Gaines
Date of Birth: 12/16/ 91
Deceased Parent's Name: Felita Gaines
Address: _____

I, the undersigned Affiant, state under oath that the facts stated above are true and accurate to the best of my knowledge.

Janice Gaines
Signature of Affiant

Janice Gaines
Print Name

1-16-2026

Date

(ACKNOWLEDGMENT PAGE FOLLOWS)

NOTARY ACKNOWLEDGMENT

STATE OF Tennessee

COUNTY OF Davidson

Subscribed and sworn to before me this 16 day of January 2026, before me personally appeared Janice Gaines, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed.

Notary Public

BYRETTIA L BROADY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

My commission expires: 3-6-2026