

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

ESTATE OF: _____, DECEASED

CASE NO. _____

**CERTIFICATION OF NOTICE TO ADMINISTRATOR OF
MEDICAID ESTATE RECOVERY PROGRAM**
[R.C. 2117.061 AND 5162.21]

**THIS FORM SHALL BE FILED IN THE PROBATE COURT UPON COMPLETION OF
NOTICE TO ADMINISTRATOR**

The undersigned certifies that a Notice in compliance with Ohio Revised Code 2117.061 and 5162.21 was served upon the following by a method authorized by Civ.R. 73 on the _____ day of _____, 20____:

Medicaid Estate Recovery
150 E. Gay Street, 21st Floor
Columbus, Ohio 43215

Attorney for Applicant

Person Responsible for the Estate

Typed or Printed Name

Typed or Printed Name

Address

Address

City, State, Zip Code

City, State, Zip Code

Telephone Number (include area code)

Telephone Number (include area code)

Attorney Registration No. _____