

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. \_\_\_\_\_