

Ohio Department of Job and Family Services
**NOTICE TO MEDICAID ESTATE RECOVERY OF PENDING TRANSFER OF PROPERTY
 BY TRANSFER ON DEATH DEED**

This notice is to be completed by the decedent's beneficiary, or authorized representative of the beneficiary, and provided to the County Recorder along with the affidavit and certified copy of the death certificate required under the Ohio Revised Code for transfer of the deceased owner's interest. Prior to recording the transfer, the County Recorder shall attach a copy of the deed and mail it with a copy of the signed notice to :

**Administrator, Medicaid Estate Recovery Program
 c/o: Attorney General, Collections Enforcement
 150 East Gay Street, 21st Floor
 Columbus, Ohio 43215**

The Administrator of the Medicaid Estate Recovery Program will respond to a properly completed notice within thirty (30) days of receipt of the notice to either release or encumber the property under the Medicaid Estate Recovery Program. Incomplete or incorrect notices will delay this process.

SECTION 1 - DECEASED PROPERTY OWNER NAME AND PROPERTY ADDRESS

Name of Decedent		
Property Address of Decedent		
City	State (2-letter abbreviation)	Zip Code

SECTION 2 - INFORMATION REGARDING THE DECEASED PROPERTY OWNER

<input type="checkbox"/> The deceased property owner was not a Medicaid recipient.	
<input type="checkbox"/> The deceased property owner may have been a Medicaid recipient	Social Security number
<input type="checkbox"/> The deceased property owner was a Medicaid recipient	12-digit Medicaid billing number
If a Medicaid recipient, was the deceased property owner aged 55 or older at the time they received Medicaid benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3 - INFORMATION REGARDING THE DECEASED PROPERTY OWNER'S PRE-DECEASED SPOUSE

<input type="checkbox"/> The deceased owner's pre-deceased spouse was not a Medicaid recipient.	
<input type="checkbox"/> The deceased owner's pre-deceased spouse may have been a Medicaid recipient	Social Security number
<input type="checkbox"/> The deceased owner's pre-deceased spouse was a Medicaid recipient	12-digit Medicaid billing number
If a Medicaid recipient, was the deceased property owner's pre-deceased spouse aged 55 or older at the time they received Medicaid benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 4 - INFORMATION REGARDING BENEFICIARY

Is the beneficiary a child under the age of twenty-one (21) or a permanently disabled child of the decedent? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

