

**PROBATE COURT OF FRANKLIN COUNTY, OHIO  
ROBERT G. MONTGOMERY, 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 s 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 Signature

\_\_\_\_\_  
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's Registration No.