

PROBATE COURT OF FRANKLIN COUNTY, OHIO

ESTATE OF _____, DECEASED
 CASE NO. _____

NOTICE TO ADMINISTRATOR OF ESTATE RECOVERY PROGRAM

[R.C. 2117.061]

The undersigned gives notice to the Administrator of the Estate Recovery Program that the decedent was fifty-five (55) years of age or older at the time of death and has been determined to have been a recipient of medical assistance under Chapter 5111 of the Revised Code.

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- Executor
 - Administrator
 - Commissioner
 - Person who filed pursuant to 2113.03 of the Revised Code for release from administration

CERTIFICATE OF SERVICE

This is to certify a true copy of the above notice was served by certified U.S. mail, postage prepaid to the Administrator of the Estate Recovery Program, on _____.

Address:

Medicaid Estate Recovery Unit
 150 E. Gay Street, 21st Floor
 Columbus, Ohio 43215-3130

Signature of Person Responsible for the Estate

Typed or Printed Name

Address

City, State, Zip

Telephone Number [include area code]