

# 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

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Signature of Person Responsible for the Estate

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Typed or Printed Name

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Address

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City, State, Zip

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Telephone Number [include area code]