

PROBATE COURT OF MEDINA COUNTY, OHIO

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 certified 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
30 E. Broad Street, 14th Floor
Columbus, Ohio 43215

Attorney Signature

Person Responsible for the Estate

Typed or Printed Name

Typed or Printed name

Address

Address

City State Zip

City State Zip

Phone number (include area code)

Phone number (include area code)

Supreme Court Registration Number