

PROBATE COURT OF MEDINA COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

**NOTICE TO ADMINISTRATOR OF ESTATE
RECOVERY PROGRAM
(RC. 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.

- Executor
- Administrator
- Commissioner
- Person who filed pursuant to §2113.03 of the Ohio 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 the ____ day of _____, 20____.

Person Responsible for the Estate

Typed or Printed Name

Address

City, State, Zip

Telephone Number (include area code)