

PROBATE COURT OF MEDINA COUNTY, OHIO

ESTATE OF _____, DECEASED

Case No. _____

APPLICATION TO RELEASE MEDICAL RECORDS AND MEDICAL BILLING RECORDS

[R.C 2113.032]

Now comes _____ the _____ of the above named decedent who died
(Applicant's Name) (Relationship)

on _____ and resided at _____
whose last four (4) digits of his/her social security number are _____, and hereby requests authority to obtain information regarding decedent's medical records and medical billing records for the purpose of evaluating a potential wrongful death, personal injury, or survivorship action on behalf of the decedent.

Applicant states the following:

- Applicant is an individual who is eligible to be appointed as a personal representative of the above named decedent's estate under Ohio law; or
- Applicant is named as executor in the above named decedent's will, and Applicant has filed either:
 - Decedent's will for record only
 - Application to probate the will

Applicant has attached Form 1.0 - Surviving Spouse, Children, Next of Kin, Legatees and Devisees.

Applicant acknowledges that an order shall not be issued until ten days following the probate court's transmission of a copy of this application to those persons listed on Form 1.0 who have not filed a signed Waiver of Notice/Consent.

Attorney Signature

Applicant Signature

Attorney Printed Name

Applicant Printed name

Address

Address

City State Zip

City State Zip

Phone number (include area code)

Phone number (include area code)

Supreme Court Registration Number