

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE**

ESTATE OF _____, DECEASED

CASE NO. _____

**WAIVER OF NOTICE / CONSENT
[R.C. 2113.032]**

Application of _____ for release of medical records and medical billing records of the above-named decedent.

The undersigned, being the next of kin of the above-named decedent, hereby waive notice and consent to the release of medical records and medical billing records of the above-named decedent.

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