

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

ESTATE OF _____, DECEASED

CASE NO. _____

**APPLICATION FOR RELEASE OF DECEDENT'S MEDICAL RECORDS
AND MEDICAL BILLING RECORDS**

[R.C. 2113.032]

Applicant states that decedent died on _____

Decedent's domicile was _____
Street Address

City or Village, or Township (if unincorporated area) County

Post Office State Zip Code

The decedent's surviving spouse, next of kin, legatees, and devisees known to applicant are listed on attached Form 1.0 ("estate form").

[Check all that apply]

- Applicant is nominated as executor in decedent's Will.
- Applicant is a resident of the state of Ohio who is eligible to be appointed administrator of decedent's estate as the surviving spouse of decedent; other next of kin of the decedent; or another person suitable to be appointed administrator.

Applicant requests an entry authorizing the release of the decedent's medical records and medical billing records for the limited purpose of evaluating a potential wrongful death claim or a personal injury and survivorship action on behalf of decedent.

Attorney Signature

Signature of Applicant

Printed Name

Printed Name

Address

Address

City, State, Zip

City, State, Zip

Telephone

Telephone