PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE

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 certifies that a Notice in compliance with Ohio Revised Code 2117.061 and 5162.21 was served upon the following by a method authorized by Civil Rule 73 on the _____ day of _____, _____.

Medicaid Estate Recovery
30 E. Broad Street, 14th Floor
Columbus, Ohio 43215

_____
Attorney for Applicant

_____
Typed or Printed Name

_____
Address

_____
City State Zip Code

_____
Telephone Number (include area code)

Attorney Registration Number. _____

_____
Signature - Person Responsible for the Estate

_____
Typed or Printed Name

_____
Address

_____
City State Zip Code

_____
Telephone Number (include area code)