

PROBATE COURT OF SUMMIT COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

**NOTICE TO ADMINISTRATOR OF ESTATE
RECOVERY PROGRAM
(R.C. 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 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)