

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

**NOTICE OF 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.

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- Executor's Signature
 - Administrator's Signature
 - Commissioner's Signature
 - Person who filed pursuant to 2113.03 of the Revised Code for Release from Administration

Typed or Printed Name

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's Signature

Typed or Printed Name

Address

City, State, Zip

Telephone Number (include area code)

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

NOTICE TO ADMINISTRATOR OF
MEDICAID ESTATE RECOVERY PROGRAM

[R.C. 2117.061 AND 5162.21]

IF THE ESTATE OF THE DECEDENT IS SUBJECT TO THE MEDICAID ESTATE RECOVERY PROGRAM PURSUANT TO R.C. 5162.21, THIS NOTICE SHALL BE FILED WITH THE ADMINISTRATOR OF THE PROGRAM AT THE FOLLOWING ADDRESS:

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

THIS NOTICE IS NOT A PUBLIC RECORD AND SHALL NOT BE FILED IN THE
PROBATE COURT

The undersigned person responsible for the estate hereby states the following:

1. Name of Decedent: _____

2. Address of Decedent: _____

3. Date of Birth: _____ Age: _____

4. Date of Death: _____

5. Social Security Number: _____

6. Check all applicable boxes:

A copy of the Schedule of Assets (Form 6.1) or Assets and Liabilities (Form 5.1) is attached;

A schedule of any other real and personal property and other assets in which the decedent had any legal title or interest at the time of death (to the extent of the interest), including assets conveyed to a survivor, heir, or assign of the individual through joint tenancy, tenancy in common, survivorship, life estate, living trust, or other arrangement;

CASE NO. _____

The spouse of the decedent was subject to the Medicaid estate recovery program, a separate notice is being submitted for the pre-deceased spouse.

Signature - Person Responsible for the Estate

Typed or Printed Name

Address

City, State, Zip

Telephone Number (Include Area Code)