PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, 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 East Broad Street, 14th Floor
Columbus, OH 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;

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

CASE NO. _____

_____
Signature – Person Responsible for the Estate

_____
Typed or Printed Name

_____
Address

_____
City, State, Zip Code

_____
Telephone Number (include area code)