

**PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, 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 Civ.R. 73 on the _____ day of _____
_____:

Medicaid Estate Recovery
30 East Broad Street, 14th Floor
Columbus, OH 43215

Attorney for Applicant

Typed or Printed Name

Address

City, State, Zip Code

Telephone Number (include area code)

Attorney Registration No. _____

Person Responsible for the Estate

Typed or Printed Name

Address

City, State, Zip Code

Telephone Number (include area code)