

PROBATE COURT OF GREENE COUNTY, OHIO
THOMAS M. O'DIAM, 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 the 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 _____, 20____;

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

Attorney for Applicant

Person Responsible for Estate

Typed or Printed Name

Typed or Printed Name

Address

Address

City State Zip

City State Zip

Telephone Number (include area code)

Telephone Number (include area code)

Attorney Registration No.