PROBATE COURT OF WARREN COUNTY, OHIO

_____ , JUDGE

ESTATE OF: _____

CASE NO. _____

CERTIFICATION OF NOTICE TO ADMINISTRATOR OF MEDICAID ESTATE RECOVERY PROGRAM

[2117.061 AND 5111.11]

FORM 7.0 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 5111.11 was served upon the following by a method authorized by Civ. R. 73 on the _____ day _____, 20_____

Medicaid Estate Recovery
150 E. Gay Street, 21st Floor
Columbus, Ohio 43215

_____	_____
Attorney for Applicant	Person responsible for the estate
_____	_____
Typed or Printed Name	Typed or Printed Name
_____	_____
Address	Address
_____	_____
City, State, Zip Code	City, State, Zip Code
_____	_____
Telephone Number (include area code)	Telephone Number (include area code)
Attorney Registration No. _____	

PROBATE COURT OF WARREN COUNTY, OHIO
_____, JUDGE

ESTATE OF: _____

CASE NO. _____

NOTICE TO ADMINISTRATOR OF THE MEDICAID ESTATE RECOVERY PROGRAM

[2117.061 AND 5111.11]

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.

_____

Signature - Person responsible for the estate

_____

Typed or Printed Name

_____

Address

_____

City, State, Zip Code

_____

Telephone Number (include area code)

FORM 7.0 SHALL BE FILED IN THE PROBATE COURT UPON COMPLETION OF NOTICE TO ADMINISTRATOR

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