

**PROBATE COURT OF FAIRFIELD COUNTY, OHIO**  
*Terre L. Vandervoort, Judge*

Estate of: \_\_\_\_\_, Deceased

Case No: \_\_\_\_\_

**NOTICE TO 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.

- \_\_\_\_\_  
Executor
- Administrator
- Commissioner
- Person who filed pursuant to 2113.03 of the Revised Code for release from administration

**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

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Phone Number (include area code)