

**IN THE COURT OF COMMON PLEAS OF FAIRFIELD COUNTY, OHIO**  
**PROBATE DIVISION**  
TERRE L. VANDERVOORT, 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  
150 E. Gay Street, 21<sup>st</sup> 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.