

**Lorain County Probate Court
Judge James T. Walther**

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_____.

Mail to:
Medicaid Estate Recovery Program
150 E. Gay Street, 21st Floor
Columbus, Ohio 43215

Person Responsible for the Estate

Typed or Printed Name

Address

City, State, Zip

Phone Number (include area code)