

**PROBATE COURT OF MEDINA COUNTY, OHIO**

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 certified that a Notice in compliance with 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, 21st Floor  
Columbus, Ohio 43215

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Person Responsible for the Estate

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

\_\_\_\_\_  
Typed or Printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

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

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

\_\_\_\_\_  
Supreme Court Registration Number