

**PROBATE COURT OF GREENE COUNTY, OHIO**  
**ROBERT A. HAGLER, JUDGE**

ESTATE OF \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

**NOTICE TO ADMINISTRATOR OF ESTATE RECOVERY PROGRAM**  
(R.C. 2117.06)

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 \_\_\_\_\_

Address:  
Medicaid Estate Recovery Unit  
150 E. Gay Street, 21st Floor  
Columbus, Ohio 43215-3130

\_\_\_\_\_  
Signature of Person Responsible for the Estate

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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