

**GREENE COUNTY RECORDER'S OFFICE
ERIC C. SEARS, RECORDER**

February 13, 2009

Hello Everyone!

I wanted to update you on the changes and upgrades in the Recorder's Office, since I began my term almost two months ago. Please let me know if you have any questions or concerns, and I'll be glad to answer them.

Transfer on Death Notices

Recent legislation (ORC 5302.221) requires the Recorder's Office to obtain a **Notice of Pending Transfer of Property by Transfer on Death Deed** when a transfer to a TOD beneficiary is filed and to send the completed form to the Administrator of the Medicaid Estate Recovery Program. Effective immediately, you must provide an **original copy** of the **Notice** form when you are filing a transfer to a TOD beneficiary in the Greene County Recorder's Office. The **Notice** form is not a public record in the Recorder's Office, so please do not include the form as an exhibit.

When filing a TOD affidavit, please provide the following:

1. The original signed copy and a copy of the **Notice** form.

*We are required to time-stamp the original copy of the **Notice** form before we record the TOD affidavit and to send it to the Medicaid Administrator. We will also time-stamp your copy, which you may keep. We will keep a copy of the **Notice** for our records; however, it is not recorded and is not available for public inspection. If you do not bring a copy with you, you may pay the customary fees to make a copy. There is a copy of the form included with this letter, or you can locate the form on the Ohio Department of Job and Family Services Website. Look for form JFS 07408.*

2. A copy of the Transfer on Death Deed, which we send with the **Notice**.

*We are required to attach a copy of the TOD Deed with the **Notice** form. We are not required to send a copy of the TOD affidavit— only the Transfer on Death Deed that was recorded prior to the death of the property owner.*

3. Payment to adequately cover postage costs for the *Notice* form and the Transfer on Death Deed. This postage is separate from the postage you provide for filing the TOD affidavit.

After we have time-stamped the *Notice* form and attached a copy of the TOD Deed, which you have provided, we will mail the documents to the Administrator. The only processing fee you will incur from the Recorder's Office is the postage fee. We do not charge a fee to process the form. The TOD affidavit will be recorded as usual, with the usual fees for recording and postage. After the *Notice* form is mailed, the Recorder's Office will not be contacted by the Medicaid Administrator unless a Medicaid Lien is filed. For questions concerning processing after the Medicaid Administrator has received the *Notice*, please contact the Medicaid Estate Recovery Program at the address on the form.

Copy Procedures

We have recently installed new copiers in the Recorder's Office. These copiers have expanded capabilities, which will allow us to reduce costs and to eliminate the laser printers we currently use. Starting March 1, 2009, scanned documents will be sent from the computer to the copy machines for printing. We will no longer use the laser printers. In order to use the system, you will need a personalized ID and a password for all copies. If you do not have a copy account, you may still pay for copies at the time you make them, but you still need an ID and a password in order to send a copy job to the copiers. Please contact Brenda Dean at (937)562-5275 to obtain an ID and a password.

Since the copiers allow us to eliminate the costly maintenance of the laser printers, we are reducing self-service copy fees on March 1, 2009. Self-service copies will be .10 cents per page, **including printing from all intranet sites, Auditor, and Clerk of Courts.** Currently, we do not charge a fee for outgoing faxes if you have already printed and paid for the copy you are faxing. This policy will change on March 1, 2009. **You will still pay for your copy as usual, but you will also be charged per page for all outgoing and incoming faxes.** All fax fees will be charged in addition to the copy fee. In other words, there is a separate fee for the copy and a separate fee for the fax service. Self-service outgoing faxes will be .10 cents per page for local numbers and \$1.00 per page for long-distance numbers. Incoming faxes will be .10 cents per page. Employee assisted copy and fax fees are state mandated. Refer to the enclosed fee schedule for recording, copy, and fax costs.

Military Discharge Records

Section 317.24 of the Ohio Revised Code will be updated to reflect new privacy regulations for Military Discharges on April 15, 2009. Fortunately, the Greene County Recorder's Office already protects Military Discharge records according to the new law, so there will not be any drastic changes in our office. If you would like to read the full text of the changes, please refer to SB248.

Document Format Requirements

Effective July 7, 2009, all documents filed in the Recorder's Office must adhere to specific format requirements. We wanted to give you advance notice so that you can begin preparing your office forms. The law is pretty self-explanatory and is very specific. Documents that do not adhere to the format requirements will be charged an additional fee, so please make sure you read the legislation clearly and give us a call if you have any questions. We have included a synopsis of the requirements with this letter. Please refer to HB525 for additional information.

Contact Information

So that we can continue to contact you with questions concerning documents submitted for recording or to notify you of important Recorder's Office policy and legislative changes, we would like you to submit a contact information form. Many of you have already given us your information and are receiving this letter via email. If you have not given us your information, please fill out the contact information form attached to this letter, and return it to us as soon as possible.

Best Regards,

Eric C. Sears
Greene County Recorder
69 Greene St. 3rd floor
Xenia, Ohio 45385
(937)562-5276

Ohio Department of Job and Family Services
**NOTICE TO MEDICAID ESTATE RECOVERY OF PENDING TRANSFER OF PROPERTY
 BY TRANSFER ON DEATH DEED**

This notice is to be completed by the decedent's beneficiary, or authorized representative of the beneficiary, and provided to the County Recorder along with the affidavit and certified copy of the death certificate required under the Ohio Revised Code for transfer of the deceased owner's interest. Prior to recording the transfer, the County Recorder shall attach a copy of the deed and mail it with a copy of the signed notice to :

**Administrator, Medicaid Estate Recovery Program
 c/o: Attorney General, Collections Enforcement
 150 East Gay Street, 21st Floor
 Columbus, Ohio 43215**

The County Recorder shall also ensure that this notice is NOT recorded or publicly shared. The Medicaid recipient information and personal data provided herein is confidential under federal and state law, including 5 USC 552a, 42 CFR 431.300 through 42 CFR 431.307, 45 CFR Parts 160 and 164 and ORC Sections 5101.27 and 1347.12. Therefore, county personnel must take precautions to keep the information secure and to keep access to the minimum necessary to accomplish Medicaid estate recovery.

The Administrator of the Medicaid Estate Recovery Program will respond to a properly completed notice within thirty (30) days of receipt of the notice to either release or encumber the property under the Medicaid Estate Recovery Program. Incomplete or incorrect notices will delay this process.

SECTION 1 - DECEASED PROPERTY OWNER NAME AND PROPERTY ADDRESS

Name of Decedent		
Property Address of Decedent		
City	State (2-letter abbreviation)	Zip Code

SECTION 2 - INFORMATION REGARDING THE DECEASED PROPERTY OWNER

<input type="checkbox"/> The deceased property owner was not a Medicaid recipient.	
<input type="checkbox"/> The deceased property owner may have been a Medicaid recipient	Social Security number*
<input type="checkbox"/> The deceased property owner was a Medicaid recipient	12-digit Medicaid billing number
If a Medicaid recipient, was the deceased property owner aged 55 or older at the time they received Medicaid benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3 - INFORMATION REGARDING THE DECEASED PROPERTY OWNER'S PRE-DECEASED SPOUSE

<input type="checkbox"/> The deceased owner's pre-deceased spouse was not a Medicaid recipient.	
<input type="checkbox"/> The deceased owner's pre-deceased spouse may have been a Medicaid recipient	Social Security number*
<input type="checkbox"/> The deceased owner's pre-deceased spouse was a Medicaid recipient	12-digit Medicaid billing number
If a Medicaid recipient, was the deceased property owner's pre-deceased spouse aged 55 or older at the time they received Medicaid benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 4 - INFORMATION REGARDING BENEFICIARY

If the beneficiary is a son or daughter of the Decedent: (1) Is the beneficiary a child under the age of twenty-one (21) Yes No ;
 (2) Is the beneficiary age twenty-one (21) and over, AND "blind" or "disabled" under the definition contained in 42 USC 1382c? Yes No

SECTION 5 - CERTIFICATION OF BENEFICIARY OR BENEFICIARY'S REPRESENTATIVE

By my status selection and signature below, I certify that I am the beneficiary, or the beneficiary's authorized representative, of the property listed in Section 1 of this notice, and as described in the attached transfer-on-death deed. I further certify that the information provided in this notice is complete and accurate to the best of the beneficiary's, and beneficiary's authorized representative's knowledge. (NOTE: For beneficiaries who have authorized representatives, only the name of the beneficiary is required in the left column, as all of the authorized representative's details will be provided in the right hand column).

	<u>Information about Beneficiary</u>	<u>Information about Beneficiary's Authorized Representative</u>
Name		
Address		
City, State Zip		
Home/Work Phone Cell/Fax (specify)		
Status Selection (check one) <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorized Representative of the Beneficiary		
Signature of Beneficiary OR Beneficiary's Authorized Representative		Date Signed

*** Social Security Numbers:**

- Are only required to be provided when the decedent or the decedent's pre-deceased spouse is believed to have received Medicaid.
- Are required for purposes of identifying former recipients of Medicaid, and to determine if any estate recovery is warranted. The Ohio Department of Job and Family Services is authorized to collect the social security numbers of Medicaid applicants and recipients, and to pursue recovery of any sums owed to Ohio Medicaid, pursuant to 42 CFR 431.302, 42 CFR 431.305; Ohio Revised Code (ORC) Sections 5101.181, 5101.182 and 5111.01; and, Ohio Administrative Code (OAC) Rule 5101:1-38-02.1.
- Will be treated as confidential, and will only be used for purposes directly connected with the administration of the Medicaid program, which includes overpayment recovery and collection.
- Must be provided for any decedent or decedent's spouse believed to have received Medicaid; and, if not provided, could result in incorrect matches, as well as the potential for setting aside of the real estate transfer, upon subsequent discovery of the Medicaid recipient's ownership interest in the estate.

H.B. 95, enacted by the state legislature, doubles most recording/ filing fees, effective Aug. 1, 2003. \$50 million of these increased fees will benefit the Ohio Housing Trust Fund. Anything over \$50 million helps to balance the state's budget.

FEE SCHEDULE

RECORDINGS: DEEDS, MORTGAGES, LEASES, AFFIDAVITS, PARTNERSHIPS, CERTIFICATES OF TRANSFER, MOST RECORDABLE DOCUMENTS \$28.00 for the first two pages PLUS \$8.00 for each subsequent page. (Note: each printed side is one page.)

DOCUMENTS with REFERENCE for MARGINAL NOTATION **after 1980** (e.g. RELEASES, AMENDMENTS, ASSIGNMENTS, RE-RECORDINGS,ETC) Regular recording fee PLUS \$4.00 for each marginal notation.

PLATS & CONDOMINIUM DRAWINGS Ten cents per square inch; minimum - \$40.00 per page

UCC FILINGS: FINANCING STATEMENTS relating to real estate \$12.00 plus \$4.00 for each name indexed
 Related UCC filings pertaining to real estate \$12.00 plus \$4.00 for each name indexed

CORRECTION STATEMENTS, TERMINATIONS \$12.00
 Not related to real estate

SEARCHES \$20.00
 Copies RELATING to UCC SEARCHES \$2.00 per page

LIMITED SEARCHES (of one UCC document) \$5.00

LIENS: FEDERAL TAX LIENS, other FEDERAL LIENS \$5.00
 Releases or Partial Releases \$3.00

PERSONAL PROPERTY TAX LIENS No fee
 Releases \$4.00

BUREAU OF WORKERS COMPENSATION LIENS No fee
 Certificates of Premium Due, related filings, Releases No fee

RECOGNIZANCE LIENS/Releases No fee

UNEMPLOYMENT COMPENSATION (OBES) No fee
 Releases \$4.00

SURETY LIENS; BOND FILINGS \$10.00

OTHER DOCUMENTS:

VETERANS SERVICE DISCHARGE/one certified copy No fee

ZONING RESOLUTIONS \$50.00
 ZONING AMENDMENTS \$20.00

DECLARATION FOR HEALTHCARE MIN \$28.00 - MAX \$40.00
 DURABLE POWER ATTY:HEALTH CARE (fees for one or both)

ALL FAX FEES ARE CHARGED IN ADDITION TO THE COST OF THE COPY

ASSISTED COPIES	\$2.00 per page	SELF-SERVICE COPIES	\$.10 per page
ASSISTED FAX	\$2.00 per page local or toll free \$4.00 per page long distance	SELF-SERVICE FAX	\$.10 per page incoming \$.10 per page outgoing local \$1.00 per page outgoing long distance

CERTIFIED COPY \$2.00 per page PLUS \$1.00 for certifying w/seal

**Greene County Recorder –
 69 Greene Street, 3rd floor – Xenia, Ohio 45385
 (937) 562-5270**

*Greene County Recorder's Office
Eric C. Sears, Recorder
69 Greene St. 3rd Floor
Xenia, Ohio 45385*

House Bill 525 will go into effect on July 7, 2009. This new law (ORC 317.114) creates standardization guidelines for documents that are recorded in Ohio

GUIDELINES

- Computer font size 10 point or higher
- Blue or Black ink ONLY
- No use of highlighting
- Minimum paper size is 8 ½ x 11 inches
- Maximum paper size is 8 ½ x 14 inches
- 3 inch margin on the top of the first page of the document, reserved for Recorder, Auditor, and Engineer
- 1 ½ inch margin on the top of each of the remaining pages of the document
- 1 inch margins on each side of the page and on the bottom of all pages

If a document does not conform to these guidelines, an additional recording a fee of \$20.00 will be collected

This law does not apply to any of the following:

- Any document from any court or taxing authority
- Plats
- DD214's
- Any state or federal document
- Any document executed before the effective date of this law

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Xenia, Ohio 45385
(937)562-5270

So that we can notify you of important Recorder's Office policy and legislative changes, please provide the following contact information and mail to the address above. If you prefer, you may fax your completed form to the Recorder's personal fax line (937) 562-5408 or email your information to bdean@co.greene.oh.us or dhall@co.greene.oh.us.

COMPANY NAME

MAIN COMPANY MAILING ADDRESS, TELEPHONE, FAX NUMBER, AND EMAIL

Mailing Address

Telephone Number

Fax Number

Email Address

NAME OF COMPANY CONTACT

Please provide the name(s) of the person at your office we can contact with Recorder's Office business

COMPANY CONTACT MAILING ADDRESS, TELEPHONE, FAX NUMBER, AND EMAIL

Mailing Address

Telephone Number

Fax Number

Email Address