

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

**NOTICE OF 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_____.

Person Responsible for the Estate

Typed or Printed Name

Address

City, State, Zip

Phone Number (include area code)