

PROBATE COURT OF aaaaaaaaaa COUNTY, OHIO
aaaaaaaaaaaaaaaaaaaaa , JUDGE

ESTATE OF: _____

CASE NO. _____

**CERTIFICATION OF NOTICE TO ADMINISTRATOR OF
MEDICAID ESTATE RECOVERY PROGRAM**
[2117.061 AND 5111.11]

**FORM 7.0 SHALL BE FILED IN THE PROBATE COURT UPON COMPLETION OF
NOTICE TO ADMINISTRATOR**

The undersigned certifies that a Notice in compliance with Ohio Revised Code 2117.061 and 5111.11 was served upon the following by a method authorized by Civ. R. 73 on the ____ day _____, 20 ____

Medicaid Estate Recovery
30 E. Broad Street, 14th Floor
Columbus, Ohio 43215

_____ Attorney for Applicant	_____ Person responsible for the estate
_____ Typed or Printed Name	_____ Typed or Printed Name
_____ Address	_____ Address
_____ City, State, Zip Code	_____ City, State, Zip Code
_____ Telephone Number (include area code)	_____ Telephone Number (include area code)
_____ Attorney Registration No.	