PROBATE COURT OF WARREN COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

CERTIFICATION OF NOTICE TO ADMINISTRATOR OF MEDICAID ESTATE RECOVERY PROGRAM

[R.C. 2117.061 AND 5162.21]

The undersigned certifies 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
30 East Broad Street, 14th Floor
Columbus, Ohio 43215

_____	_____
Attorney for Applicant	Person Responsible for the Estate
_____	_____
Typed or Printed Name	Tpped 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 Number	

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