

PROBATE COURT OF PICKAWAY COUNTY, OHIO
JAN MICHAEL LONG, JUDGE

ESTATE OF: _____, DECEASED
CASE NO. _____

**CERTIFICATION OF NOTICE TO ADMINISTRATOR OF MEDICAID ESTATE
RECOVERY PROGRAM**

[R.C. 2117.061 AND 5162.21]

**THIS FORM 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 5162.21 was served upon the following by a method authorized by Civ.R. 73 on the _____ day of _____, 20____:

**Medicaid Estate Recovery
150 E. Gay St, 21st 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

(_____) _____
Telephone Number

Attorney Registration No.