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

ESTATE OF: ______, DECEASED CASE NO.

ESTATE RECOVERY PROGRAM DISCLOSURE

The undersigned Applicant hereby certifies that to the best of their knowledge, the decedent, who was over the age of fifty-five years at the time of death, was NOT a recipient of medical assistance under Chapter 5111 of the Revised Code.

Applicant

Date