

PICKAWAY COUNTY COMMON PLEAS COURT
PROBATE & JUVENILE DIVISIONS

207 South Court Street, Circleville, Ohio 43113-1648

JAN MICHAEL LONG
JUDGE

PROBATE: (740) 474-3950
JUVENILE: (740) 474-3117
FAX: (740) 474-8451

To: Applicant for Appointment as Commissioner for Estate
From: Jan Michael Long, Probate Judge for Pickaway County, Ohio

You are preparing to file an Application to Relieve an Estate from complete administration by the Court. While the law provides for this simplified procedure, please keep in mind that often there may be other questions or even legal issues that arise that delay or prevent a quick process.

Also, please note that even though the Deputy Clerks of this office will assist you in any way they may legally do so, Ohio law prohibits our Clerks from providing legal advice. If you ask them a question and they cannot respond because of this prohibition, please remember that they are only following my instructions to prevent them from violating that law.

Once you have completed the Application and other accompanying forms, you may give them to the Clerks to file. **THEY WILL NOT BE IMMEDIATELY APPROVED.** The Court will review the Application and proposed Entry. If your Entry does not follow the terms of the Deceased's Last Will and Testament or if there is no Will and the distribution of property does not follow the Ohio laws of Intestate Succession, the Court will either submit to you a modified Entry which would be signed or reject your proposed Entry and allow you to consult with your attorney.

If you do have any legal questions, you are encouraged to obtain legal advice from your attorney.

Thank you for your cooperation in working with our Clerks on this and good luck in completing the Relief from Administration.

When filing the attached paperwork we will also need the following:

1. \$43.00 Court Cost
2. Copy of the Death Certificate
3. Copy of the Paid funeral bill

Very Truly Yours,

Jan Michael Long, Judge

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

ESTATE OF: _____, DECEASED
CASE NO. _____

APPLICATION TO PROBATE WILL

[R.C. 2107.11, 2107.18, AND 2107.19]

Applicant states that decedent died on _____

Decedent's domicile was _____
(Street Address)

(City or Village, or Township if unincorporated area) (County)

(Post Office) (State) (Zip Code)

A document purporting to be Decedent's last will is attached and offered for Probate, and Applicant waives Notice of Probate of this Will.

Decedent's surviving spouse, children, next of kin and legatees and devisees, known to applicant, are listed on the attached Form 1.0.

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

City, State, Zip Code

City, State, Zip Code

(_____) _____
Telephone Number

(_____) _____
Telephone Number

S. Ct. Atty. Regis. No.

WAIVER OF NOTICE OF PROBATE WILL

The undersigned, being persons entitled to notice of the probate of this will, waive such notice. After a certificate is filed evidencing these waivers and any notices given, any action to contest the validity of this will must be filed no more than three months after the filing of the Certificate for Estates of Decedents who die on or after January 1, 2002, and no more than four months after the filing of the Certificate for Estates of Decedents who die before January 1, 2002.

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

ESTATE OF: _____, DECEASED
CASE NO. _____

ENTRY ADMITTING WILL TO PROBATE

The Court finds that the purported will of Decedent, either on its face or from testimony of the witnesses, complies with applicable law. It is therefore admitted to Probate and ordered recorded. The Court further orders that Notice of the Probate be given to all parties entitled to notice.

Date

Jan Michael Long, Probate Judge

CERTIFICATE OF WAIVER OF NOTICE

The undersigned states that all persons entitled to notice:

[Check applicable boxes]

- Have waived Notice of the Application for Probate of this will or of a contest as to jurisdiction.
- Have waived of this will's admission to Probate.
- Have not been notified because their names or places of residence are unknown and cannot with reasonable diligence be ascertained.

- _____
 Fiduciary
 Applicant for the admission of this will to Probate
 Applicant for a release from administration
 Other interested person
 Attorney for any of the above

Attorney Registration No.

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

ESTATE OF: _____, DECEASED
CASE NO. _____

APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION

[R.C. 2113.031]

Applicant states that decedent died on _____

Decedent's domicile was _____

(Street Address)

(City or Village, or Township if unincorporated area)

(County)

(Post Office)

(State)

(Zip Code)

[Check one of the following]

The applicant is decedent's surviving spouse entitled to one hundred percent of the allowance for support and decedent's funeral and burial expenses have been prepaid or the surviving spouse has paid or is obligated in writing to pay decedent's funeral and burial expenses and the value of the assets does not exceed the \$40,000.00 allowance for support under R.C. 2106.13(B) plus an amount not exceeding \$5,000.00 for decedent's funeral and burial expenses.

The applicant, who is not the surviving spouse, has paid or is obligated in writing to pay decedent's funeral and burial expenses and the value of the assets, is the lesser of \$5,000.00 or the amount of decedent's funeral and burial expenses.

Attached hereto is a receipt, contract, or other document that confirms the applicant's payment or obligation to pay decedent's funeral and burial expenses or if the applicant is the surviving spouse, the prepayment receipt, if applicable.

The decedent's surviving spouse, next of kin, legatees and devisees known to applicant, are listed on attached Form 1.0.

Applicant stated that there are no pending proceedings for the administration of decedent's estate or relief of decedent's estate from administration under R.C. 2113.03.

All known assets with date of death values of the estate are as follows:

Motor Vehicles (include year, make, model, body type, manufacturer's vehicle identification number and Certificate of Title number)

_____ \$ _____

_____ \$ _____

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

CASE NO. _____

Accounts maintained by Financial Institution (include financial institution name and the account's complete identifying number):

_____ \$ _____
_____ \$ _____

Stocks and Bonds (include for each stock or bond its serial number, the name of its issuer, the name and address of its transfer agent, and the total number of shares of stocks or bonds):

_____ \$ _____

_____ \$ _____

Real estate described in accompanying Form 12.0 Application for Certificate of Transfer and From 12.1 Certificate of Transfer and date of death value. [Attached verification of value]:

\$ _____

Other assets and date of death values

_____ \$ _____
_____ \$ _____

Total Assets: \$ _____

Applicant requests an order granting summary release.

Attorney for Applicant

Applicant

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.

Signed and acknowledged by the applicant in my presence this _____ day of _____, _____

Notary Public/Deputy Clerk

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

ESTATE OF: _____, DECEASED
CASE NO. _____

ENTRY GRANTING SUMMARY RELEASE FROM ADMINISTRATION

[R.C. 2113.031]

The Court finds that the application by _____,
satisfies all requirements of **R.C. 2113.031** and therefore summarily releases the estate from
administration and directs:

- The delivery to the applicant of decedent's personal property set forth in the application with the title to that property.
- That Certificate(s) of Transfer, attached to the application, be issued.

A certified copy of this order together with a certified copy of the application for this order constitutes sufficient authority for a financial institution, corporation or other entity or person referred to in division (A) to (F) of Section 5731.39 of the Revised Code or for a clerk of a Common Pleas to transfer title to the applicant of an asset of the decedent's estate listed in the application.

This order eliminates the need for a financial institution, corporation, or other entity or person to be provided a written consent of the tax commissioner prior to the delivery, transfer, or payment to the applicant of an asset of the decedent's estate listed in the application.

This order eliminates the duty of all persons to file an Ohio Estate Tax Return exclusively for the assets listed in the application.

Jan Michael Long, Probate Judge

Date

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.

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

ESTATE OF: _____, DECEASED
CASE NO. _____

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

[R.C. 2117.061 AND 5162.21]

IF THE ESTATE OF THE DECEDENT IS SUBJECT TO THE MEDICAID ESTATE RECOVERY PROGRAM PURSUANT TO R.C. 5162.21, THIS NOTICE SHALL BE FILED WITH THE ADMINISTRATOR OF THE PROGRAM AT THE FOLLOWING ADDRESS:

**Medicaid Estate Recovery
150 E. Gay Street, 21st Floor
Columbus, Ohio 43215**

THIS NOTICE IS NOT A PUBLIC RECORD AND SHALL NOT BE FILED IN THE PROBATE COURT

The undersigned person responsible for the Estate hereby states the following:

1. Name of Decedent: _____
2. Address of Decedent: _____

3. Date of Birth: _____
4. Date of Death: _____
5. Social Security Number: _____
6. Check all Applicable boxes:

A copy of the Schedule of Assets (Form 6.1) or Assets and Liabilities (Form 5.1) is attached;

A schedule of any other real and personal property and other assets in which the decedent had any legal title or interest at the time of death (to the extent of the interest), including assets conveyed to a survivor, heir, or assign of the individual through joint tenancy, tenancy in common, survivorship, life estate, living trust, or other arrangement;

The spouse of the decedent was subject to the Medicaid Estate Recovery Program, a separate notice is being submitted for the pre-deceased spouse.

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

ESTATE OF: _____, DECEASED
CASE NO. _____

Signature - Person responsible for the Estate

Typed or Printed Name

Address

City, State, Zip

(_____) _____
Telephone Number

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

FACT SHEET

Ohio Medicaid Estate Recovery

What is Medicaid estate recovery?

Estate recovery seeks to obtain repayment for the cost of Medicaid benefits once a Medicaid recipient is deceased. This happens after the death of a Medicaid recipient who was either permanently institutionalized or age 55 and older.

What is an estate?

An estate is all of the real and personal property owned by a Medicaid recipient at the time of death, whether or not it passed through probate court.

What Medicaid benefits are subject to estate recovery?

All Medicaid payments for services received since January 1995 are subject to estate recovery. This includes Medicare premium assistance payments.

How does estate recovery work?

The estate's executor is responsible for notifying the Ohio Attorney General's Office (AGO) of a Medicaid recipient's death, if the consumer was permanently institutionalized or age 55 or older. Once the AGO has been notified, the AGO will present a claim to the estate.

Are there exceptions to estate recovery?

If there is an undue hardship to a survivor, the right to immediate recovery may be delayed or waived. Undue hardship is determined on a case-by-case basis.

When does estate recovery take place?

Recovery from the estate will only be made:

- After the death of the Medicaid recipient's surviving spouse.
- When the deceased Medicaid recipient has no surviving child younger than age 21.
- When the deceased Medicaid recipient has no surviving child of any age who is considered blind or disabled under Medicaid regulations.

Is a person's house subject to estate recovery?

Yes. A Medicaid recipient's house may be subject to estate recovery. If the recipient was permanently institutionalized, any claim from the sale of a house may be delayed while the recipient's sibling or child resides in the home, if specific conditions are met.

Does a will protect assets from estate recovery?

No. Ohio's Medicaid program and other creditors are paid before any assets are distributed to heirs or other beneficiaries.

Will the Attorney General's Office contact the family of the deceased?

After a Medicaid recipient dies, the AGO will send a notice of claim to the estate's executor requesting repayment for the cost of Medicaid benefits. It is the estate executor's responsibility to notify any family members or other heirs who might be affected by the estate recovery. If the estate executor has not been identified to the AGO, the AGO may need to contact the Medicaid recipient's family members.

How can the Attorney General's Office be reached?

The Medicaid Estate Recovery Unit of the AGO can be contacted at:

Medicaid Estate Recovery Unit
150 E. Gay Street, 21st Floor
Columbus, Ohio 43215-3130

Information is also available online at http://www.ag.state.oh.us/business/estate_recovery.asp or by calling the Ohio Medicaid Consumer Hotline at 1-800-324-8680. burdens on Medicaid applicants and recipients.

Medicaid eligibility rules are updated to reflect these changes. For more information, please refer to the Medicaid Eligibility Manual (MEM) or contact your local county department of job and family services. Consumers can call the Medicaid Consumer Hotline at 1-800-324-8680 or TDD/TTY 1-800-292-3572.