

PROBATE COURT OF ROSS COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

**NOTICE OF ADMINISTRATOR OF
ESTATE RECOVERY PROGRAM**

[R.C. 2117.061]

The undersigned gives notice to the Administrator of the Estate Recovery Program at the decedent was fifty-five (55) years of age or older at the time of death and has been determined to have been a recipient of medical assistance under Chapter 5111 of the Revised Code.

☐ Executor
☐ Administrator
☐ Commissioner
☐ Person who filed pursuant to 2113.03 of the
Revised Code for release from administration

CERTIFICATE OF SERVICE

This is to certify a true copy of the above notice was served by certified U.S. mail, postage prepaid to the Administrator of the Estate Recovery Program, on the _____ day of _____, _____.

Signature of Person Responsible for the Estate

Typed or Printed Name

Address

City, State, Zip

Phone Number (include area code)

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

PRINT