

**PROBATE COURT OF WAYNE COUNTY, OHIO
RAYMOND E. LEISY, JUDGE**

ESTATE OF _____, DECEASED

CASE NO. _____

**NOTICE TO ADMINISTRATOR OF ESTATE RECOVERY
PROGRAM
[R.C. 2117.061]**

The undersigned gives notice to the Administrator of the Estate Recovery Program that 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.

Attorney

Address

City, State, Zip
()

Telephone Number

 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, 150 E. Gay St., 21st Floor, Columbus, OH 43215, on the _____ day of _____, 20_____.

Person Responsible for the Estate

Typed or Printed Name

Address

City, State, Zip

Telephone Number (include area code)