

**PROBATE COURT OF LORAIN COUNTY, OHIO
JAMES T. WALTHER, JUDGE**

ESTATE OF: _____, DECEASED

Case No. _____

MEDICAID RECOVERY ACKNOWLEDGMENT

(RC Sections 2117.061 and Loc.R. 62.1)

As the person responsible for the Estate (Executor, Administrator, Commissioner, or the person who filed for a Release or Summary Release), I acknowledge that it is my duty to ascertain within thirty (30) days whether the decedent was -

- (1) fifty-five (55) years of age or over on the date of death; **and**
- (2) a recipient of medical assistance (Medicaid) benefits under Ohio Revised Code Chapter 5162 (formerly RC Chapter 5111).

I further acknowledge that *if the answer to both of those determinations is "yes"*, then I have a further duty to prepare a Notice of Administrator of Medicaid Estate Recovery Program - Form 7.0(A), file a copy with this Court; and mail a copy to the Medicaid Recovery Administrator at:

Administrator
Medicaid Estate Recovery
150 E. Gay St., 21st floor
Columbus, OH 43215

Once you have done that, then file a Certification of Notice to Administrator of Medicaid Estate Recovery Program (Form 7.0) with the Court in this case file

Dated: _____

(Printed) _____ Person
Responsible for Estate

(Required to be filed in every estate without an attorney)