

**PROBATE COURT OF DELAWARE COUNTY, OHIO
KENNETH J. SPICER, JUDGE**

ESTATE OF: _____, **DECEASED**

Case No. _____

MEDICAID RECOVERY ACKNOWLEDGMENT

(ORC Section 2117.061 and Loc R. 62.1)

As the person responsible for the Estate (Executor, Administrator, Commissioner, or person who filed for 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 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 Estate Recovery Program (SPF 7.0), 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

Dated: _____

(Printed) _____ Person
Responsible for Estate

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