IN THE COURT OF COMMON PLEAS PIKE COUNTY, OHIO PROBATE DIVISION

ESTA	TE OF	, DECEASED
CASE	NO:	DATE OF DEATH:
	NOTICE TO COUR	T OF DECEDENT'S MEDICAID STATUS
	ndersigned hereby certifies to all applicable choices)	the Court the following:
[]	The decedent WAS NOT or	ver the age of 55 years.
[]	The decedent WAS over the	e age of 55 years.
[]	The decedent WAS NOT a	permanently institutionalized individual.
[]	The decedent WAS a perma	anently institutionalized individual.
[]	The decedent WAS NOT a	Medicaid recipient at any time during his/her life.
[]	The decedent WAS a Medic	caid recipient at any time during his/her life.
[]	institutionalized individual,	ecedent was 55 years of age or older, OR a permanently AND was a Medicaid recipient during his/her lifetime was tor of the Ohio Medicaid Estate Recovery Program.
Date		Signature and Title of Applicant
	E OF OHIO NTY OF	
	Sworn to by ceased, before me, a notary p	, as to the Medicaid status of bublic, in and for said County and State, this
		Notary Public My Commission Expires: