Ohio Department of Job and Family Services

NOTICE TO MEDICAID ESTATE RECOVERY OF PENDING TRANSFER OF PROPERTY BY TRANSFER ON DEATH DEED

This notice is to be completed by the decedent's beneficiary, or authorized representative of the beneficiary, and provided to the County Recorder along with the affidavit and certified copy of the death certificate required under the Ohio Revised Code for transfer of the deceased owner's interest. Prior to recording the transfer, the County Recorder shall attach a copy of the deed and mail it with a copy of the signed notice to:

Administrator, Medicaid Estate Recovery Program c/o: Attorney General, Collections Enforcement 150 East Gay Street, 21st Floor Columbus, Ohio 43215

The Administrator of the Medicaid Estate Recovery Program will respond to a properly completed notice within thirty (30) days of receipt of the notice to either release or encumber the property under the Medicaid Estate Recovery Program. Incomplete or incorrect notices will delay this process.

Name of Decedent	TROTERTT ADDRES	3
Property Address of Decedent		
City	State (2 Lung 11 min)	Zi., C. J.
City	State (2-letter abbreviation)	Zip Code
SECTION 2 - INFORMATION REGARDING THE DECEASEI	O PROPERTY OWNE	R
The deceased property owner was not a Medicaid recipier	t.	
The deceased property owner may have been a Medicaid recipient		Social Security number
The deceased property owner was a Medicaid recipient	12-digit Medicaid billing number	
If a Medicaid recipient, was the deceased property owner aged 55 or older at the tin Yes No	ne they received Medicaid ber	nefits?
SECTION 3 - INFORMATION REGARDING THE DECEASEI	PROPERTY OWNER	R'S PRE-DECEASED SPOUS
☐ The deceased owner's pre-deceased spouse was not a Med	icaid recipient.	
☐ The deceased owner's pre-deceased spouse may have been a Medicaid recipient		Social Security number
The deceased owner's pre-deceased spouse was a Medicai	12-digit Medicaid billing number	
If a Medicaid recipient, was the deceased property owner's pre-deceased spouse ag Yes No	ed 55 or older at the time they	received Medicaid benefits?
SECTION 4 - INFORMATION REGARDING BENEFICIARY		
Is the beneficiary a child under the age of twenty-one (21) or a permanently disable	d child of the decedent?	The state of the s
Yes No		

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SECTION 5 - CERTIFICATION OF BENEFICIARY OR BENEFICIARY'S REPRESENTATIVE

By my status selection and signature below, I certify that I am the beneficiary, or the beneficiary's authorized representative, of the property listed in Section 1 of this notice, and as described in the attached transfer-on-death deed. I further certify that the information provided in this notice is complete and accurate to the best of the beneficiary's, and beneficiary's authorized representative's knowledge.

Name of Beneficiary or Authorized Benefic	iary Representative		
Address			
City		State (2-letter abbreviation)	Zip Code
Telephone Number (including area code)	Supplemental Contact Information (FAX number, cellular phone, etc. Please specify type)		
Status Selection (check one)		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Beneficiary	Authorized Representative of the Beneficiary		
Signature of Beneficiary or Authorized Beneficiary Representative		Date of Signature	

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