

FOR CONTINGENT BENEFICIARY (IES) ONLY

5. That by virtue of the death of the party(ies) listed in item #4, the following person(s), designated as Contingent Transfer on Death Beneficiaries, survived or are in existence on the date of the property owner's death:

Name

Address

_____	_____
_____	_____
_____	_____

*Or Transfer on Death Deed as it existed prior to December 28, 2009.

All records should reflect that the property described in Exhibit "A" is hereby transferred from the deceased owner to the Transfer on Death Beneficiary (ies) or Contingent Transfer on Death Beneficiary (ies).

Signature of Affiant

Printed name of Affiant

STATE OF OHIO
COUNTY OF SUMMIT

Before me, a notary public, in and for said County, personally appeared above named

who acknowledges that _____ did sign the foregoing instrument and that the same is _____ free act.

In testimony whereof I have hereunto set my hand and official seal, this _____ day of _____, 20_____.

Notary Public
My commission expires:_____

This instrument was prepared by:



^{Kristen M.}
Scalise CPA, CFE
Summit County Fiscal Officer
<http://FiscalOffice.summitoh.net>



Medicaid Estate Recovery

To: All Title Companies, Title Examiners, and Attorneys
From: Kristen M. Scalise CPA, CFE, Summit County Fiscal Officer
Re: Medicaid Estate Recovery
Date: April 2017

Under Federal law, all states are required to recover taxpayers' funds spent on certain Medicaid Services from the estates of those persons who received the services.

The State of Ohio has established the Medicaid Estate Recovery Program to seek adjustment or recovery of Medicaid costs once a recipient is deceased. This program is administrated jointly by the Ohio Department of Medicaid (ODM), Ohio Department of Jobs and Family Services (ODJFS), and the Ohio Attorney General's Office (OAG).

Medicaid costs are adjusted or recovered after the death of a Medicaid recipient who was either permanently institutionalized or age 55 and older. Additional information is available by calling the Ohio Medicaid Consumer Hotline at 1-800-324-8680 or visiting www.medicaid.ohio.gov.

Attached is the state mandated form ORC 5302.221. We are required to provide this form to a beneficiary of a transfer on death designation affidavit, or the beneficiary's representative, before recording the transfer of real property under ORC 5302.222.

Please note that effective April 6, 2017, changes to ORC 5302.221 make it the responsibility of the beneficiary or beneficiary's representative to submit a copy of the completed form to the State of Ohio when one of the following applies:

- The deceased owner had been a Medicaid recipient.
- The predeceased spouse of the deceased owner had been a Medicaid recipient.
- The beneficiary or beneficiary's representative does not know whether the deceased owner, or the predeceased spouse of the owner, had been a Medicaid recipient.

If you have further questions, please contact Mike Goudy at 330-643-2530 or email mgoudy@summitoh.net.

Ohio Department of Medicaid
**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 the authorized representative of the beneficiary, and mailed to:

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

The Medicaid individual's information and personal data provided herein is confidential under federal and state law, including 5 USC 552a, 42 CFR 431.300 through 42 CFR 431.307, 45 CFR Parts 160 and 164, ORC Sections 5160.45 and 1347.12. Therefore, county personnel must take precautions to keep the information secure and to keep access to the minimum necessary to accomplish Medicaid estate recovery.

Section 1 – Deceased Property Owner Name and Property Address

Name of Decedent		
Property Address of Decedent		
City	State	Zip Code

Section 2 – Information Regarding Deceased Property Owner

<input type="checkbox"/> The deceased property owner was not a Medicaid-eligible individual	
<input type="checkbox"/> The deceased property owner may have been a Medicaid-eligible individual	Social Security Number *
<input type="checkbox"/> The deceased property owner was a Medicaid-eligible individual	Social Security Number or Medicaid Billing Number

Was the Medicaid-eligible individual the deceased property owner and age 55 or older at the time he/she received Medicaid benefits?

Yes
 No

Section 3 – Information Regarding Deceased Property Owner's Pre-Deceased Spouse

<input type="checkbox"/> The deceased owner's pre-deceased spouse was not a Medicaid-eligible individual	
<input type="checkbox"/> The deceased owner's pre-deceased spouse may have been a Medicaid-eligible individual	Social Security Number*
<input type="checkbox"/> The deceased owner's pre-deceased spouse was a Medicaid-eligible individual	Social Security Number or Medicaid Billing Number

Was the Medicaid-eligible individual the deceased owner's pre-deceased spouse and age 55 or older at the time he/she received Medicaid benefits?

Yes
 No

Section 4 – Information Regarding Beneficiary

If the beneficiary is a son or daughter of the decedent:

1) Is the beneficiary a child under the age of twenty-one (21)? <input type="checkbox"/> Yes <input type="checkbox"/> No	2) Is the beneficiary age twenty-one (21) or over AND blind or disabled under the definition contained in 42 USC 1382c? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Affidavit of Confirmation. I further certify that the information provided in this notice is complete and accurate to the best of my knowledge.

	Information about Beneficiary	Information about Beneficiary's Authorized Representative
Name		
Street Address		
City, State, Zip Code		
Telephone Number		

Status Selection (check one)

- Beneficiary
 Authorized Representative of the Beneficiary

Signature of Beneficiary OR Authorized Representative of Beneficiary**Date Signed***** Social Security Numbers:**

- Are only required to be provided when the decedent or the decedent's pre-deceased spouse is believed to have received Medicaid.
- Are required for purposes of identifying former Medicaid eligible individuals and to determine if estate recovery is warranted. The Ohio Department of Medicaid is authorized to collect the social security numbers of Medicaid applicants and eligible individuals, and to pursue recovery of any sums owed to Ohio Medicaid, pursuant to 42 CFR 431.302, 42 CFR 431.305, Ohio Revised Code (ORC) Section 5162.21, and Ohio Administrative Code (OAC) Rule 5160:1-2-07.
- Will be treated as confidential and will only be used for purposes directly connected with the administration of the Medicaid program which includes overpayment recovery and collections.
- Must be provided for any decedent or decedent's pre-deceased spouse believed to have received Medicaid ; and, if not provided, could result in incorrect matches, as well as the potential for setting aside of the real estate transfer, upon subsequent discovery of the Medicaid eligible individual's ownership interest in the estate.