

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

**REPORT ON RECEIPT OF MEDICAL RECORDS AND MEDICAL
BILLING RECORDS**

[R.C. 2113.032]

Now comes _____, who was authorized to receive the decedent's medical records and medical billing records, and hereby certifies that all requested medical records and medical billing records have been received.

An application to administer decedent's estate will not be filed.

An application to administer decedent's estate will be filed prior to the expiration of the applicable statute of limitations.

Signature

Typed or Printed Name

Address

Phone Number