

IN THE PROBATE COURT OF _____ COUNTY, ALABAMA

IN RE: THE ESTATE OF _____)
_____ , Deceased.) CASE NO: _____

NOTICE OF PROCEEDING TO ALABAMA MEDICAID AGENCY

Please take notice that the estate of the above named decedent has been opened in the above named Court and that the following information is provided to the Alabama Medicaid Agency as required by law:

1. Full legal name of decedent: _____
2. Date of birth of decedent: _____
3. Date of death of decedent: _____
4. Social Security Number of decedent: _____
5. Marital status of decedent at time of death: _____
6. Name of spouse of decedent, if any: _____
7. Address and phone number of decedent's spouse, if any: _____

8. Name of Court in which estate has been opened: _____
9. Probate Court Case Number: _____
10. Date Summary Distribution filed or Personal Representative appointed: _____
11. Name, address, and phone number of the person providing notice: _____

12. Type of probate proceeding (Testate/Intestate): _____

Personal Representative or
Petitioner for Summary Distribution

Name address and telephone number of attorney, if any:

Notice must be mailed by certified mail to: **Alabama Medicaid Agency, Attn: Estate Notice Office, Post Office Box 5624, Montgomery AL 36103-5624**, with instructions to forward, return receipt requested showing date of delivery and to whom and place of delivery, with return receipt noting the case number and addressed to the Court.

IN THE PROBATE COURT OF _____ COUNTY, ALABAMA
IN RE: THE ESTATE OF _____)
_____, Deceased.) CASE NO: _____

AFFIDAVIT OF NOTICE TO ALABAMA MEDICAID AGENCY

I, _____, hereby certify I have notified the Alabama Medicaid Agency that the Estate of _____, deceased, has been opened and that I was appointed Personal Representative or that I filed for Summary Distribution on the ____ day of _____, 20__.

A copy of the notice to the Alabama Medicaid Agency is attached hereto. I do hereby certify that said notice was mailed to Alabama Medicaid Agency, Attn: Estate Notice Office, Post Office Box 5624, Montgomery AL 36103-5624, by certified mail, with instructions to forward, return receipt requested showing date of delivery and to whom and place of delivery, with return receipt noting the case number and addressed to be returned to this Court.

I do hereby certify that the foregoing statements contained in the Affidavit are true and correct to the best of my knowledge, information, and belief.

Affiant
Personal Representative or
Petitioner for Summary Distribution

STATE OF ALABAMA)
COUNTY OF _____)

Personally appeared before me, the undersigned authority, a Notary Public in and for said County and State, _____, who being made known to me and being first duly sworn, deposes and says that the facts contained in the foregoing Affidavit are true and correct.

SWORN to and subscribed before me on this the ____ day of _____, 20__.

My commission expires: _____.

NOTARY PUBLIC