

DECEASED RECIPIENT INFORMATION FORM

RECIPIENT NAME: _____

MEDICAID ID NUMBER: _____

DATE OF DEATH: _____

NAME /ADDRESS/TELEPHONE OF ESTATE EXECUTOR, ADMINISTRATOR, OR REPRESENTATIVE:

VALUE OF ESTATE: _____

ADDRESS OF REAL ESTATE PROPERTY OWNED BY THE RECIPIENT:

PROPERTY TO BE SOLD YES _____ NO _____

LIFE INSURANCE COMPANY _____

*****NAME AND ADDRESS OF SURVIVING SPOUSE.*****

WHERE WAS THE ESTATE ACCOUNTING FILED:

NAME/ADDRESS/ PHONE NUMBER OF PERSON COMPLETING FORM:

