ESTATE RECOVERY INFORMATION FORM

Name of Recipient	Name of Recipient Medicaid ID #	
County	Worker	
Date	Telephone Number	

Note: When you come to "STOP" do not complete additional parts of the form.

Beneficiary's Eligibility is prior to 10/1/94 and no	lf			Yes,
breaks in eligibility since 9/30/94?	then			STOP
Is there a legal spouse living?	Yes	No	(Circle One)	
If yes, name, date of birth and address of legal				STOP
spouse				
Is there a surviving child under age 21?	Yes	No	(Circle One)	
If yes, name, date of birth and address of child				STOP
Is there a surviving child of any age who was	Yes	No	(Circle One)	
determined to be blind/disabled by SSA or				
DDS?				
If yes, name and address of child (Attach proof)				STOP
0 (DUD FOR (FOR OUT OF A 11)				
Copy of DHB 5051/5052/5053/5054 attached?				
Mailing address and phone number of names				
Mailing address and phone number of person who received the form(s).				
who received the form(s).				
Was anyone appointed Power of Attorney?	Yes	No	(Circle One)	
If yes, name and address of POA or attorney in				
fact. (attach copy of POA)				
Was there a guardianship?	Yes	No	(Circle One)	
If yes, name and mailing address of the				
guardian.				
Were there any life insurance policies?	Yes	No	(Circle One)	
Was there any real property, personal property	Yes	No	(Circle One)	
(mobile homes, vehicles, etc.) owned at death?				
If yes, what was value of the property? Property				
address? Make, Model? (Attach copy of deed or				
will, title, tax card, etc.)				
Was property Life Estate? Attach copy of	Yes	No	(Circle One)	
deed/will.			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Was there a tenancy in common interest in any	Yes	No	(Circle One)	
real property at death?			(0: 1 0)	
Was any property transferred?	Yes	No	(Circle One)	
If yes, attach copy of deed showing date of				
transfer and tax card showing value at transfer.	Var	NI.	(Oinele One)	
Was sanction imposed?	Yes	No	(Circle One)	
If yes, give dates sanction began and ended.				
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Mail to: TPR – Estate Recovery, 2508 Mail Service Center, Raleigh NC 27699-2508