

**PROBATE COURT OF SENECA COUNTY, OHIO  
JAY A. MEYER, JUDGE**

ESTATE OF \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

**WAIVER OF NOTICE/CONSENT**  
[R.C. 2113.032]

Application of \_\_\_\_\_ for release of medical records and medical billing records of the above named decedent.

The undersigned, being the next of kin of the above named decedent, hereby waive notice and consent to the release of medical records and medical billing records of the above named decedent.
