

**IN THE PROBATE COURT OF CLERMONT COUNTY, OHIO JAMES
A. SHRIVER, JUDGE**

In the Estate of _____, Deceased

Case No. _____

**Waiver of Notice of Application to Release Medical Records and
Medical Billing Records and Waiver of Notice of Hearing on
Application to Release Medical Records and Medical Billing Records**

The undersigned, being the surviving spouse, child, or next of kin of the above named decedent hereby waive Notice of an Application to Release of Medical Records, Notice of Hearing on the Application for Release of Medical Records, and consent to the release of the decedent's medical and medical billing records pursuant to Ohio Revised Code Section 2113.032.
