

ESTATE RECOVERY INFORMATION FORM

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

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

Recipient Eligibility is prior to 10/1/94 and no breaks in eligibility since 9/30/94?	If Yes, then.....STOP
Is there a legal spouse living?	Yes No (Circle One)
If yes, name, date of birth and address of legal spouse	STOP
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 determined to be blind/disabled by SSA or DDS?	Yes No (Circle One)
If yes, name and address of child (Attach proof)	STOP
Copy of DMA 5051/5052/5053/5054 attached (signed)? Name of person who signed the form and relationship to the deceased recipient?	
Mailing address and phone number of person who signed 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 (mobile homes, vehicles, etc.) owned at death?	Yes No (Circle One)
If yes, what was value of the property? Property address? Make, Model? (Attach copy of deed or will, title, tax card, etc.)	
Was property <u>Life Estate</u>? Attach copy of deed/will.	Yes No (Circle One)
Was there a tenancy in common interest in any real property at death?	Yes No (Circle One)
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.	
Was sanction imposed?	Yes No (Circle One)
If yes, give dates sanction began and ended.	

Mail to: TPR – Estate Recovery, 2508 Mail Service Center, Raleigh NC 27699-2508

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