

IN THE PROBATE COURT OF ASHTABULA COUNTY, OHIO
ALBERT S. CAMPLESE, JUDGE

IN THE MATTER OF _____, DECEASED

CASE NO. _____

WAIVER AND CONSENT TO
APPLICATION FOR AUTHORITY TO OBTAIN DECEDENT'S
MEDICAL RECORDS AND MEDICAL BILLING RECORDS
(RC 2113.032)

As the surviving spouse, a child, a next of kin, a legatee, or a devisee of the named decedent, and being an adult who is not under disability, I hereby waive receipt of a copy of the filed Application for Release of Medical Records and Medical Billing Records and I consent to the approval of the same by the Court.

