

**PROBATE COURT OF HURON COUNTY, OHIO
TIMOTHY L. CARDWELL, JUDGE**

ESTATE OF _____, DECEASED
CASE NO. _____

WAIVER OF NOTICE AND 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.

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