

# Instructions for submitting the Electronic Notice of Probate

These instructions are only for the electronic system which allows individuals another option for submitting notice to the Alabama Medicaid Agency.

From the electronic system's homepage, located at <https://estatenotice.medicaid.alabama.gov/>, you will click the button stating "SUBMIT ELECTRONIC NOTICE" (as shown below).

SUBMIT ELECTRONIC NOTICE

Once you've clicked this button, you will be taken to the electronic form of the Notice of Probate (as shown below).

The screenshot shows the Alabama Medicaid website header with the logo and navigation links (Home, About, Contact). Below the header is a form titled "INFORMATION ABOUT THE DECEASED PERSON". The form contains several fields with asterisks indicating they are required. The fields are: Legal First Name\*, Legal Middle Name, Legal Last Name\*, Suffix (Jr, Sr, III, etc), AKA (Also Known As), Date of Birth\* (MM/DD/YYYY), Date of Death\* (MM/DD/YYYY), Social Security Number\* (XXX-XX-XXXX), and Marital Status\* (Select...). A note at the top of the form states: "Fields with asterisks (\*) are required and the form cannot be submitted if these fields are not completed." The date and time "5/7/2020 9:53:05 AM" are displayed in the top right corner.

Any field with marked with \* (or listed in bold below) are required. The form will not be submitted if these fields are not completed.

## INFORMATION ABOUT THE DECEASED PERSON:

1. **Legal First Name**
2. Legal Middle Name
3. **Legal Last Name**
4. Suffix (Jr., Sr., III, etc. – Please do not put items like Mr. or Mrs. here)
5. AKA (Also known as) – Please complete this field if the decedent was known by other names
6. **Date of Birth**
7. **Date of Death**
8. **Social Security Number**

9. **Marital Status** (If decedent was married, divorced or widowed—complete Information About the Spouse (Former Spouse) of the Deceased Person—as shown below)

The screenshot shows the Alabama Medicaid website header with the logo and navigation links (Home, About, Contact). Below the header is a form titled "INFORMATION ABOUT THE SPOUSE (FORMER SPOUSE) OF THE DECEASED PERSON" with a sub-instruction: "(Complete even if marital status is 'Divorced' or 'Widowed')". The form contains the following fields:

- Legal First Name\* (First Name)
- Legal Middle Name (Middle Name)
- Legal Last Name\* (Last Name)
- Suffix (Jr, Sr, III, etc) (Suffix)
- Address1 (Address1)
- Address2 (Address2)
- City (City)
- State (Select.....)
- Zip Code (Zip Code)
- Phone Number (xxx-xxx-xxxx)

INFORMATION ABOUT THE SPOUSE (FORMER SPOUSE) OF THE DECEASED PERSON:

10. **Legal First Name**
11. Legal Middle Name
12. **Legal Last Name**
13. Suffix (Jr., Sr., III, etc. – Please do not put items like Mr. or Mrs. here)
14. Address1
15. Address2
16. City
17. State
18. Zip Code
19. Phone Number

The screenshot shows the Alabama Medicaid website header with the logo and navigation links (Home, About, Contact). Below the header is a form titled "INFORMATION ABOUT THE PROBATE COURT CASE". The form contains the following fields:

- County Where the Case was Filed\* (Select.....)
- Probate Case Number\* (Case Number)
- Type of Probate Case\* (Probate Type)
- Date Petition Filed or Letters Granted\* (MM/DD/YYYY)

INFORMATION ABOUT THE PROBATE COURT CASE:

- 20. County Where the Case was Filed
- 21. Probate Case Number
- 22. Type of Probate Case
- 23. Date Petition Filed or Letters Granted

The screenshot shows the Alabama Medicaid website header with the logo and navigation links (Home, About, Contact). Below the header is a blue bar with the title "INFORMATION ABOUT THE PERSON COMPLETING THIS FORM AND OTHER REPRESENTATIVES". The form contains the following fields:

- Relationship to Deceased\* (dropdown menu)
- Legal First Name\* (text input)
- Legal Middle Name (text input)
- Legal Last Name\* (text input)
- Suffix (Jr, Sr, III, etc) (text input)
- Address1\* (text input)
- Address2 (text input)
- City\* (text input)
- State\* (dropdown menu)
- Zip Code\* (text input)
- Phone Number (text input with placeholder XXX-XXX-XXXX)

**INFORMATION ABOUT THE PERSON COMPLETING THIS FORM AND OTHER REPRESENTATIVES:**

- 24. **Relationship to Deceased**
- 25. **Legal First Name**
- 26. Legal Middle Name
- 27. **Legal Last Name**
- 28. Suffix (Jr., Sr., III, etc. – Please do not put items like Mr. or Mrs. here)
- 29. **Address1** (If you are submitting for a business, please put business name here)
- 30. Address2 (If you used Address1 for business name, please put mailing address here)
- 31. **City**
- 32. **State**
- 33. **Zip Code**
- 34. Phone Number

If you would like to add a Co-Personal Representative, Attorney, etc., please click the button stating “Add New Person Information” (as shown below).



Once all information has been entered, you will click the box stating “By submitting this notice, I certify that the information provided is true and correct to the best of my knowledge.”

Once you've clicked this box, you will click the button stating "Submit" (as shown below).

The screenshot shows the Alabama Medicaid website header with the logo and navigation links (Home, About, Contact). Below the header is a form with a "Phone Number" field containing "XXX-XXX-XXXX". A blue button labeled "Add New Person Information" is visible. Below this is a certification statement: " By submitting this notice, I certify that the information provided is true and correct to the best of my knowledge." Below the statement is a paragraph: "After checking the required certification statement above, use the button below to submit the form. The following page will allow you to download and save or print a copy for your records." At the bottom of the form are three buttons: "Submit" (with a document icon), "Reset" (with a refresh icon), and "Cancel" (with a close icon).

Once you have clicked "Submit", you will be provided a verification box that will contain the **Legal Full Name, Date of Birth, Date of Death, Social Security Number, and Marital Status** for review. If any of these fields are wrong or you wish to edit the notice, you will select the button stating "Edit". If all items are correct, you will select the button stating "Submit".

Once the electronic Notice of Probate has been successfully submitted, a serialized certificate will be displayed. You have the option to download/save this certificate.

**\*Please note: The Personal Representative will need to file the serialized certificate with the appropriate probate court should the electronic system be utilized.**

**If you need assistance or have questions, please call or email us before submitting the notice. Changes cannot be made once the notice has been submitted.**

The contact information is presented in a dark grey box with white text. It includes a phone icon, the word "Phone", and two phone numbers: (334) 242-4097 and (334) 242-4098. Below that is an email icon, the word "Email", the email address estaterecovery@medicaid.alabama.gov, and a note: "Please do not send sensitive information such as PHI through email."