

IN THE MATTER OF THE ESTATE OF _____,

Case No. _____

Deceased.

CERTIFICATE OF
MAILING A NOTICE OF
FILING A PETITION FOR
THE DETERMINATION OF
INHERITANCE TAX

I/We, _____, swear or affirm, under the penalties of perjury,
that on _____, pursuant to [Neb. Rev. Stat.](#)

[§ 77-2018.02\(6\)](#), I mailed a notice informing the Nebraska Department of Health
and Human Services that, I /we have filed a petition for the determination of
inheritance tax in the above stated matter. This notice was sent by first class mail,
postage prepaid to:

Department of Health and Human Services
Nebraska Medicaid Estate Recovery
P.O. Box 95026
Lincoln, Nebraska 68509-5026

Signature: _____ Date: _____

Printed Name: _____

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

If completed by an attorney: Bar Number: _____
