

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: \_\_\_\_\_