

**IN THE PROBATE COURT OF DELAWARE COUNTY, OHIO  
DAVID A. HEJMANOWSKI, 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.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____