

_____, 20__

Certified Mail, Return Receipt Requested

Division of Medical Assistance

P.O. Box 15205

Worcester, MA 01615-9906

Re: **Estate of** _____

Dear Sir/Madam:

Enclosed please find copies of the Voluntary Administration Statement and Certified Death Certificate for the above-referenced decedent.

These documents have been filed with the _____ Probate Court.

Do not hesitate to contact me with any questions.

Sincerely,

Your name

Your address