

**In the Supreme Court of Iowa**

**In the Matter of Probate** )  
**Forms in Chapter 7** ) **Order**  
**of the Iowa Court Rules** )

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The Iowa Supreme Court adopts amendments to the forms contained in the Rules of Probate Procedure in Chapter 7 of the Iowa Court Rules. Representatives of the Probate Section of The Iowa State Bar Association provided assistance with certain amendments to forms and provided general information on probate practices.

The court strikes and replaces the forms in Chapter 7 of the Iowa Court Rules with the forms provided with this order. The amendments are designed to bring the forms into compliance with EDMS requirements and to match the updated formatting of forms in the court rules. Also, fillable and savable versions of the forms will be posted on the Iowa Judicial Branch website.

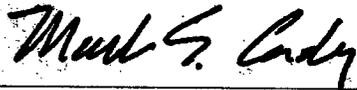
Rule 7.11—Form 1: *Report of Referee* has been updated to match Iowa Code requirements and includes a new paragraph 17 regarding decedent’s genetic material. To be consistent with EDMS order processes, the “Order” portion of Form 2: *Initial/Annual/Final Report of Guardian* has been removed from the form. A new Form 6: *Protected Information Disclosure* is included for providing protected information specific to probate matters. The contents page of chapter 7 in the court rules has been modified to list the new form.

The amended probate forms and new probate form 6 in the Iowa Court Rules are available for immediate use on the Iowa Judicial Branch website.

The amendment to Chapter 7 of the Iowa Court Rules and the new forms accompanying chapter 7 are effective July 1, 2014.

Dated this 23rd day of May, 2014.

The Supreme Court of Iowa

By  \_\_\_\_\_  
Mark S. Cady, Chief Justice

**CHAPTER 7**  
**RULES OF PROBATE PROCEDURE**

|                   |                                                           |
|-------------------|-----------------------------------------------------------|
| Rule 7.1          | Effective removal order — turnover                        |
| Rule 7.2          | Fees in probate                                           |
| Rule 7.3          | District court rules in probate                           |
| Rule 7.4          | Report of referee                                         |
| Rule 7.5          | Referees in probate                                       |
| Rule 7.6          | Reports of delinquent inventories or reports              |
| Rule 7.7          | Interlocutory report                                      |
| Rules 7.8 to 7.10 | Reserved                                                  |
| Rule 7.11         | Forms                                                     |
|                   | Form 1: Report of Referee                                 |
|                   | Form 2: Initial/Annual/Final Report of Guardian and Order |
|                   | Form 3: Initial Report of Conservator and Inventory       |
|                   | Form 4: Annual Report of Conservator                      |
|                   | Form 5: Final Report of Conservator                       |
|                   | Form 6: <u>Protected Information Disclosure</u>           |

**Rule 7.11—Form 1: Report of Referee**

|                                                                                                                                                                                  |                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>In the Iowa District Court for _____ County</b>                                                                                                                               |                                                                                      |
| <b>In the Matter of the Estate of:</b><br><br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <i>Full name: first, middle, last</i><br><br><b>Deceased.</b> | Probate no. _____<br><br><p style="text-align: center;"><b>Report of Referee</b></p> |

**Comes now** the duly appointed Referee and reports to the court as follows:  
 The Report has been filed in this Estate. The Referee has examined the Report and reports to the court as follows: *All questions must be answered. If "Yes" or "No" is not appropriate, check "N/A."*

|                                                                                                | Yes                      | No                       | N/A                      |
|------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Notice of Appointment published:                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Affidavit of Mailing Notice required by                                                     |                          |                          |                          |
| A. Iowa Code sections 633.230 and 633.304:                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Iowa Code sections 633.231 and 633.304A (medical assistance claims):                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Fiduciaries fees ordered or waived and affidavit of compensation filed:                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Attorney fees ordered and affidavit of compensation filed:                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Itemization requested and provided:                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If not, statement required by Iowa Code section 633.477(11) made:                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Income tax acquittance filed:                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Inheritance tax clearance filed or certification required by Iowa Code section 450.58 made: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. A list of distributees is shown:                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. A description of real estate is shown:                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Certificates of change of title to real estate, as required:                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. All claims filed have been paid, disallowed, or released:                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Notice of hearings on this Report waived:                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If not waived, proper proof of service of notice is on file:                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Accounting is waived:                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Court costs have been paid:                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Election filed by or for surviving spouse under Iowa Code section 633.236:                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Receipts for all specific bequests:                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                                                                                                                                        | Yes                      | No                       | N/A                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>16.</b> Federal estate tax closing letter and proof of payment is on file (not required for closing):                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>17.</b> There is a statement that decedent left genetic material:                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Decedent left genetic material:                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If decedent left genetic material and was married at time of death, sufficient estate assets are reserved to fund distribution to posthumous heirs: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Posthumous child (Iowa Code section 633.220A) or child born or adopted after execution of will (Iowa Code section 633.267):                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Final distributions will be made two years after decedent's death:                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Supplemental report will be submitted after final distributions:                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**18. Remarks:**

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\_\_\_\_\_, 20\_\_\_\_ /s/ \_\_\_\_\_  
*Month Day Year Referee in probate signature*

\_\_\_\_\_  
*Attorney law firm, if applicable*

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address, if applicable*

**Rule 7.11 — Form 2: Initial/Annual/Final Report of Guardian**

 *If filing electronically, you must provide any protected information in full on form 6, according to Division VI of Chapter 16 of the Iowa Court Rules.*

 *If filing in paper, you may use form 6 to provide any protected information in full.*

**In the Iowa District Court for \_\_\_\_\_ County**

**In the Matter of the Guardianship of:**

\_\_\_\_\_  
*Full name: first, middle, last*

*If the Ward is a minor, use initials only*

**Ward.**

Probate no. \_\_\_\_\_

*Check one*

**Initial**

**Annual**

**Final**

**Report of Guardian**

The undersigned duly appointed and qualified Guardian states as follows:

1. This Report is for the period from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year Month Day Year*

2. The current mental and physical condition of the Ward is:

\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

3. The present living arrangement of the Ward, including a description of each residence where the Ward has resided and with whom during the reporting period is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

4. The following is a summary of the medical, educational, vocational, and other professional services provided for the Ward:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

5. The following is a description of the Guardian's visits with and activities on behalf of the Ward:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*



**Rule 7.11 — Form 3: Initial Report of Conservator and Inventory**

 *If filing electronically, you must provide any protected information in full on form 6, according to Division VI of Chapter 16 of the Iowa Court Rules.*

 *If filing in paper, you may use form 6 to provide any protected information in full.*

**In the Iowa District Court for \_\_\_\_\_ County**

**In the Matter of the conservatorship of:**

Probate no. \_\_\_\_\_

**Initial Report of Conservator and Inventory**

\_\_\_\_\_  
*Full name: first, middle, last*

*If the Ward is a minor, use initials only*

**Ward.**

The undersigned duly appointed and qualified Conservator states as follows:

- The Ward's real and personal property as of the date Conservator was appointed, and the valuation of each item, is itemized on the attached schedules. A summary of the schedules follows:

| <b>Conservatorship assets</b> <i>Attach descriptions</i> | <b>Total value</b> |
|----------------------------------------------------------|--------------------|
| A. Real estate                                           | \$ _____           |
| B. Stocks and bonds                                      | \$ _____           |
| C. Mortgages, notes, deposits, and cash                  | \$ _____           |
| D. Life insurance                                        | \$ _____           |
| E. Jointly owned property                                | \$ _____           |
| F. Miscellaneous property                                | \$ _____           |
| <b>Total of all schedules</b>                            | <b>\$ _____</b>    |

- The Ward resides at: \_\_\_\_\_  
*Street address City State ZIP code*

and *check one*

- does not have a Guardian.
- has a natural Guardian. *If you check B, you must fill in the following information.*

(1) The name and residency of the natural Guardian:

\_\_\_\_\_  
*Full name: first, middle, last*

\_\_\_\_\_  
*Street address City State ZIP code*

- has a court-appointed Guardian. *If you check C, you must fill in the following information.*

(1) The name and residency of the court-appointed Guardian:

\_\_\_\_\_  
*Full name: first, middle, last*

\_\_\_\_\_  
*Street address City State ZIP code*

3. The Conservator:  has  has not  
established an  interest-bearing  non-interest-bearing

conservatorship checking account at \_\_\_\_\_  
*Name of financial institution*

located at \_\_\_\_\_  
*Street address City State ZIP code*

The (partial) account number is: \_\_\_\_\_

4. A conservatorship savings account :  has  has not

been established at \_\_\_\_\_  
*Name of financial institution*

located at \_\_\_\_\_  
*Street address City State ZIP code*

The (partial) account number is: \_\_\_\_\_

5. Other assets:  have  have not  
been changed into conservatorship's name.

6. The Ward's sources of income and monthly or annual amounts are:

\_\_\_\_\_  
\_\_\_\_\_

## 7. Oath and Signature

I, \_\_\_\_\_, have read this Initial Report and Inventory, and I certify  
*Print Conservator's name*

under penalty of perjury and pursuant to the laws of the State of Iowa that the information I  
have provided in this Initial Report and Inventory is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Conservator's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address, if applicable*

\* Whether filing electronically or in paper, you must *handwrite* your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.

**Note:** Bank statements, checks, receipts, stubs, and other items evidencing receipt of funds and payment must be available to the court on demand.

**Rule 7.11 — Form 4: Annual Report of Conservator**

 *If filing electronically, you must provide any protected information in full on form 6, according to Division VI of Chapter 16 of the Iowa Court Rules.*

 *If filing in paper, you may use form 6 to provide any protected information in full.*

**In the Iowa District Court for \_\_\_\_\_ County**

**In the Matter of the Conservatorship of:**

Probate no. \_\_\_\_\_

\_\_\_\_\_  
*Full name: first, middle, last*

*If the Ward is a minor, use initials only*

**Annual Report of Conservator**

**Ward.**

1. This Report is for the period from: *Use ending date of last accounting when applicable*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
*Month Day Year Month Day Year*

2. Total cash on hand at close of the last accounting: \$ \_\_\_\_\_.

3. Total sum of funds received during this report period: \$ \_\_\_\_\_.  
*Include as attachment "A" an itemization showing date received, source of funds, and amount.*

4. Total sum of disbursements made during this report period: \$ \_\_\_\_\_.  
*Include as attachment "B" an itemization showing date, who was paid, and amount paid for item or service.*

5. Balance of cash on hand at the close of this report period: \$ \_\_\_\_\_.

6. The other assets of the Ward at the close of this report period are:  
*Include a listing of assets held and the value or remaining balances as attachment "C."  
If assets remained the same from the last report, a copy of the last listing may be used.*

7. Were changes made in investment during this report period?  Yes  No  
*If yes, include as attachment "D" an itemized list of changes when applicable.*

8. The total value of assets of the Ward at the close of this report period: \$ \_\_\_\_\_.

9. Amount of Conservator's bond: \$ \_\_\_\_\_. Surety is: \_\_\_\_\_.  
*Company providing bond*

10. Guardian: *Check one*

A.  The name of the Ward's Guardian is: \_\_\_\_\_  
*Full name: first, middle, last*

B.  The Ward has no Guardian. *If you check B, you must fill in the following information.*

(1) The residence and physical location of Ward:

\_\_\_\_\_  
*Street address City State ZIP code*

(2) General physical and mental condition of Ward:

\_\_\_\_\_  
\_\_\_\_\_

**11. Other information relating to affairs of the conservatorship:**

*If conservatorship has special circumstances that do not adapt to this form, include attachment "F," setting out special circumstances in detail.*

**12. Fees for Conservator are:**  hereby applied for  waived.

*Attach Affidavit per Iowa Code section 633.202.*

**13. Fees for Conservator's attorney:** *Check one*

should be set by the court.

are not requested.

are waived or not applicable.

*Attach Affidavit per Iowa Code section 633.202, if fees requested.*

**14. Oath and Signature**

I, \_\_\_\_\_, have read this Report, and I certify under

*Print Conservator's name*

penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Report is true and correct.

\_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Conservator's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address, if applicable*

*\* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**Note:** Bank statements, checks, receipts, stubs, and other items evidencing receipt of funds and payment must be available to the court on demand.

**Rule 7.11 — Form 5: Final Report of Conservator**

 *If filing electronically, you must provide any protected information in full on form 6, according to Division VI of Chapter 16 of the Iowa Court Rules.*

 *If filing in paper, you may use form 6 to provide any protected information in full.*

**In the Iowa District Court for \_\_\_\_\_ County**

**In the Matter of the Conservatorship of:**

Probate no. \_\_\_\_\_

**Final Report of Conservator**

\_\_\_\_\_  
*Full name: first, middle, last*

*If the Ward is a minor, use initials only*

**Ward.**

1. This Final Report is for the period from: *Use ending date of last accounting when applicable*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
*Month Day Year Month Day Year*

2. Total cash on hand at close of the last accounting: \$\_\_\_\_\_.

3. Total sum of funds received during this report period: \$\_\_\_\_\_.

*Include as attachment "A" an itemization showing date received, source of funds, and amount.*

4. Total sum of disbursements made during this report period: \$\_\_\_\_\_.

*Include as attachment "B" an itemization showing date, who was paid, and amount paid for item or service.*

5. Balance of cash on hand at the close of this report period: \$\_\_\_\_\_.

6. Other assets of the Ward at the close of this Final Report.

*Include a listing of assets held and the value or remaining balances as attachment "C."  
If assets remained the same from the last report, a copy of the last listing may be used.*

7. Were changes made in investment during this report period?  Yes  No

*Include as attachment "D" an itemized list of changes when applicable.*

8. The total value of assets of the Ward at the close of this report period: \$\_\_\_\_\_.

9. Termination: *Include as attachment "E" a statement of reasons for termination. Check one*

A.  The court on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, ordered termination.

B.  Termination is concurrently sought with approval of final report.

10. On termination, funds and assets of this conservatorship will be distributed, if any, to the following:

\_\_\_\_\_  
*Full name: first, middle, last*

\_\_\_\_\_  
*Relationship to Ward*

11. Has notice of hearing on Final Report been waived?  Yes  No

*If waived, attach copy of waiver.*

12. Amount of Conservator's bond: \$\_\_\_\_\_. Surety is:\_\_\_\_\_.

*Company providing bond*

Order approving final report and termination should discharge surety and release bond.

**13. Guardian** *Check one*

A.  The Conservator is also the Guardian and has filed a Final Report of Guardian on \_\_\_\_\_, 20\_\_\_\_\_.  
*Month Day Year*

B.  The name of the Ward's Guardian is: \_\_\_\_\_  
*Full Name: first, middle, last*

C.  The Ward has no Guardian. *If you check C, you must fill in the following information.*

(1) The residence and physical location of Ward:

\_\_\_\_\_  
*Street Address City State ZIP code*

(2) General physical and mental condition of Ward:

\_\_\_\_\_

**14. Other information relating to affairs of the conservatorship:** *If conservatorship has special circumstances that do not adapt to this form, include attachment "F," setting out special circumstances in detail.*

**15. Have final court costs been paid?**  Yes  No

**16. Fees for Conservator are:**  hereby applied for  waived.  
*Attach Affidavit per Iowa Code section 633.202.*

**17. Fees for Conservator's attorney:** *Check one*

A.  should be set by the court.

B.  are not requested.

C.  are waived or not applicable.

*Attach Affidavit per Iowa Code section 633.202, if fees requested.*

**18. Receipt(s) of the distributee(s) for the funds and assets of the conservatorship:**  
*Check one*

A.  are attached.

B.  will be attached to supplemental report after court approves Final Report.

**19. Oath and Signature**

I, \_\_\_\_\_, have read this Final Report, and I certify under penalty  
*Print Conservator's name*

of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Final Report is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Conservator's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address, if applicable*

*\* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**Note:** Bank statements, checks, receipts, stubs, and other items evidencing receipt of funds and payment must be available to the court on demand.

**Rule 7.11—Form 6: Protected Information Disclosure**

- If information is abbreviated on other chapter 7 forms, use this form to include the protected information in full.

|                                                                             |                                                                  |
|-----------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>In the Iowa District Court for _____ County</b>                          |                                                                  |
| <b>In the Matter of:</b><br><br>_____ <i>Full name: first, middle, last</i> | Probate no. _____<br><br><b>Protected Information Disclosure</b> |
| <b>Ward.</b>                                                                |                                                                  |

**When protected information, as defined in Rule 16.602, is required by law or is material to the case and is therefore included in nonconfidential documents on nonconfidential cases, a party shall record the protected information on this form.**

For an explanation of a filer’s responsibility and the procedures to use for protecting personal information, refer to Iowa Court Rules: Chapter 16, Rules Pertaining to the Use of the Electronic Document Management System, Division VI, Protection of Personal Privacy. Rule 16.602 provides the list of protected information. Rule 16.604 provides a list of information that may be redacted or partially provided.

**1. Ward:** \_\_\_\_\_  
*Full name: first, middle, last*

| Protected Information Type                | Complete Information<br>(See Rules 16.602 and 16.604) | Partial Information<br>(See Rule 16.605) |
|-------------------------------------------|-------------------------------------------------------|------------------------------------------|
| Ward’s name, if a minor                   |                                                       |                                          |
| Social security number                    |                                                       |                                          |
| Financial account number                  |                                                       |                                          |
| Date of birth                             |                                                       |                                          |
| Individual taxpayer identification number |                                                       |                                          |
| Personal identification number            |                                                       |                                          |
| Other unique identifying number           |                                                       |                                          |

*Continued on next page*

**2. Other protected information:**

Full name: first, middle, last

| Protected Information Type | Complete Information<br>(See Rules 16.602 and 16.604) | Partial Information<br>(See Rule 16.605) |
|----------------------------|-------------------------------------------------------|------------------------------------------|
|                            |                                                       |                                          |
|                            |                                                       |                                          |
|                            |                                                       |                                          |
|                            |                                                       |                                          |
|                            |                                                       |                                          |
|                            |                                                       |                                          |

**3. Other protected information:**

Full name: first, middle, last

| Protected Information Type | Complete Information<br>(See Rules 16.602 and 16.604) | Partial Information<br>(See Rule 16.605) |
|----------------------------|-------------------------------------------------------|------------------------------------------|
|                            |                                                       |                                          |
|                            |                                                       |                                          |
|                            |                                                       |                                          |
|                            |                                                       |                                          |
|                            |                                                       |                                          |

\_\_\_\_\_, 20\_\_\_\_  
*Month Day Year*

\_\_\_\_\_  
*Handwritten signature if filing this form in paper*

\_\_\_\_\_  
*Printed full name if filing this form in paper*

Information supplied by:

/s/\_\_\_\_\_  
*Full name: first, middle, last*

\_\_\_\_\_  
*Law firm, if applicable*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*Telephone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*