

Rule 7.11—Form 1: Report of Referee

In the Iowa District Court for _____ County	
In the Matter of the Estate of: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <i>Full name: first, middle, last</i> Deceased.	Probate no. _____ <p style="text-align: center;">Report of Referee</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 |
|--|--------------------------|--------------------------|--------------------------|
| 16. 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"/> |
| 17. 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:

_____, 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