

Rule 7.4—Form 1: *Report of Referee*

In the Iowa District Court for _____ County

In the Matter of the Estate of:

Probate no. _____

*Full name: first, middle, last***Report of Referee****Deceased.**

The undersigned Referee verifies that the Final Report has been filed in this estate and that the Referee has examined the Final 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. Proof of publication filed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Affidavit of Mailing Notice filed as 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? <i>Note: This is no longer required for decedents dying on or after January 1, 2025 (Iowa Code § 450.98).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Federal estate tax transcript or federal estate tax closing letter filed or certification required by Iowa Code section 633.477(10) made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. List of distributees shown?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Description of real estate shown?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Certificates of change of title to real estate filed or reference to the transfer of property by Court Officer Deed made, as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. All claims filed have been paid, disallowed, or released, or a classification of debts and charges has been made pursuant to Iowa Code section 633.425 and approved by the Court?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Notice of hearings on the Final Report waived?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not waived, proper proof of service of notice on file and period for filing objection(s) expired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 13. Accounting waived? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If not waived, has accounting been provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Court costs paid, including cost for final order(s)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Election filed by or for surviving spouse under Iowa Code section 633.236 or notice filed and time period for filing election under Iowa Code section 633.237 expired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Receipts for all specific bequests filed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is there a statement regarding whether decedent left genetic material? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*If you checked **No**, check **N/A** for the remaining questions in section 17.*

A. Decedent:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| (1) Was unmarried. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Left no genetic material. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Left no signed writing authorizing spouse to use the genetic material. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*If you checked **Yes** to any question in section 17(A), check **N/A** for the remaining questions in section 17.*

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| B. Have sufficient estate assets been reserved to fund distribution to posthumous heirs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

*If you checked **No**, check **N/A** for the remaining questions in section 17.*

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|---|--------------------------|--------------------------|--------------------------|
| C. Does the Final Report state that final distributions will not be made until two years after the decedent's date of death? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

*If you checked **No**, check **N/A** for the remaining questions in section 17.*

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|--|--------------------------|--------------------------|--------------------------|
| D. Does the Final Report state that a supplemental report will be submitted after final distributions of the reserved assets? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

18. Remarks:

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

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19. Filer's information:

_____, 20____
Month Day Year
Date signed

Printed name

/s/ _____
Referee in probate signature

Law firm, if applicable

Mailing address

_____, _____, _____
City State ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable