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## CHAPTER 7 RULES OF PROBATE PROCEDURE

Rule 7.1 Effective removal order — turnover. When the court orders the removal of a fiduciary under Iowa Code section 633.65, such order, unless expressly providing otherwise, shall be effective as a turnover order under Iowa Code section 633.70, and without further order the fiduciary so removed shall turn over all personal property, money or securities to or for the fiduciary's successor at the clerk's office within five days after such order is filed.

[Court Order November 16, 1965; November 14, 1979; Report November 9, 2001, effective February 15, 2002]

### Rule 7.2 Fees in probate.

- **7.2(1)** Every report or application requesting an allowance of fees for personal representatives or their attorneys shall be written and verified as provided in Iowa Code section 633.35.
- **7.2(2)** When fees for ordinary services are sought pursuant to Iowa Code sections 633.197 and 633.198, proof of the nature and extent of responsibilities assumed and services rendered shall be required. Unless special circumstances should be called to the court's attention, the contents of the court probate file may be relied upon as such proof. In determining the value of gross assets of the estate for purposes of Iowa Code section 633.197, the court shall not include the value of joint tenancy property excluded from the taxable estate pursuant to Iowa Code section 450.3(5) or the value of life insurance payable to a designated beneficiary.
- **7.2(3)** When an allowance for extraordinary expenses or services is sought pursuant to Iowa Code section 633.199, the request shall include a written statement showing the necessity for such expenses or services, the responsibilities assumed, and the amount of extra time or expense involved. In appropriate cases, the statement shall also explain the importance of the matter to the estate and describe the results obtained. The request may be made in the final report or by separate application. It shall be set for hearing upon reasonable notice, specifying the amounts claimed, unless waivers of notice identifying the amounts claimed are filed by all interested persons. The applicant shall have the burden of proving such allowance should be made.
- **7.2(4)** One half of the fees for ordinary services may be paid when the federal estate tax return, if required, and Iowa inheritance tax return, if required, are prepared. When a federal estate tax return is not required, the one-half fee may be paid when the Iowa inheritance tax return is prepared or, when it is not required, when the probate inventory required by the Iowa Probate Code is filed. The remainder of the fees may be paid when the final report is filed and the costs have been paid. The schedule for paying fees may be different when so provided by order of the court for good cause.
- **7.2(5)** Every report or application requesting compensation for other fiduciaries and their attorneys pursuant to Iowa Code section 633.200 shall be written and verified.
- **7.2(6)** When compensation has been allowed to a person employed by the fiduciary or attorney to assist the estate pursuant to Iowa Code section 633.84, the request for fees by the fiduciary shall disclose the identity of such person and the amount allowed, for consideration by the court in determining fees for the fiduciary pursuant to Iowa Code section 633.86.

[Court Order November 14, 1979; Report September 5, 1985, effective November 15, 1985; November 9, 2001, effective February 15, 2002; November 23, 2004, effective February 1, 2005]

- **Rule 7.3 District court rules in probate.** A district court rule of probate and administration shall not be valid until it has been filed with the clerk of the supreme court and approved by that court. [Court Order November 14, 1979; Report November 9, 2001, effective February 15, 2002]
- **Rule 7.4 Report of referee.** A report of a referee in probate shall substantially comply with the form that accompanies this rule.

[Report November 9, 2001, effective February 15, 2002; Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020]

### Rule 7.4—Form 1: Report of Referee

	In the lowa District Court fo	or County	,		
ln t	he Matter of the Estate of:	Probate no			
	name: first, middle, last	Report of Refe	ree		
—	ceaseu.				
	undersigned Referee verifies that the Final eree has examined the Final Report and rep		ate an	d tha	t the
All q	uestions must be answered. If <b>Yes</b> or <b>No</b> is not appr	opriate, check <b>N/A</b> .			
			Yes	No	N/A
1.	Proof of publication filed?				
2.	Affidavit of Mailing Notice filed as required	by:			
	A. lowa Code sections 633.230 and 633.				
	B. Iowa Code sections 633.231 and 633. (medical assistance claims)?	304A			
3.	Fiduciaries fees ordered or waived and affi	davit of compensation filed?			
4.	Attorney fees ordered and affidavit of comp	ensation filed?			
	A. Itemization requested and provided?				
	B. If not, statement required by Iowa Cod	e section 633.477(11) made?			
5.	Income tax acquittance filed?				
6.	Inheritance tax clearance filed or certification lowa Code section 450.58 made? <i>Note: This decedents dying on or after January 1, 2025 (Iowa Code)</i>	is no longer required for			
7.	Federal estate tax transcript or federal esta certification required by lowa Code section	-			
8.	List of distributees shown?				
9.	Description of real estate shown?				
10.	Certificates of change of title to real estate the transfer of property by Court Officer De				
11.	All claims filed have been paid, disallowed, of debts and charges has been made pursi 633.425 and approved by the Court?				
12.	Notice of hearings on the Final Report waiv	red?			
	If not waived, proper proof of service of for filing objection(s) expired?	f notice on file and period			
	Continued	on next page			

Rule 7.4-Form 1: Report of Referee, continued Yes No N/A 13. Accounting waived? If not waived, has accounting been provided? 14. Court costs paid, including cost for final order(s)? 15. Election filed by or for surviving spouse under lowa Code section 633.236 or notice filed and time period for filing election under lowa Code section 633.237 expired? 16. Receipts for all specific bequests filed? 17. Is there a statement regarding whether decedent left genetic material? If you checked No, check N/A for the remaining questions in section 17. A. Decedent: (1) Was unmarried. (2) Left no genetic material. (3) Left no signed writing authorizing spouse to use the genetic material. 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? If you checked No, check N/A for the remaining questions in section 17. C. Does the Final Report state that final distributions will not be made until two years after the decedent's date of death? If you checked No, check N/A for the remaining questions in section 17. D. Does the Final Report state that a supplemental report will be submitted after final distributions of the reserved assets? 18. Remarks:

### Continued on next page

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

Rule 7.4-Form 1: Report of Referee, continued

19	Filer's	infor	mation	١.
13.	CHEL 3	s IIIIUI	HIALIUI	٠.

Month Date signed	Day	_, 20 <u></u>		
Printed name			/s/ Referee in pro	bate signature
Law firm, if applicable				
Mailing address				
City			State	ZIP code
() Phone number			_	
Email address			Additional email o	address, if applicable

February 2022 Rule 7.4—Form 1 Page 3 of 3

[Court Order November 14, 1979; December 3, 1981; November 14, 1984, effective November 26, 1984; Report September 5, 1985, effective November 15, 1985; February 18, 1987, effective July 1, 1987; September 23, 1994, effective January 3, 1995; November 9, 2001, effective February 15, 2002; July 23, 2003, effective October 1, 2003; November 30, 2005, effective March 1, 2006; April 11, 2008, effective July 1, 2008; May 23, 2014, effective August 16, 2014; December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; December 17, 2021; February 24, 2022, temporarily effective February 24, 2022; permanently effective April 26, 2022]

### Rule 7.5 Referees in probate.

### **7.5(1)** *Duties.*

- a. Referees as masters. Unless otherwise directed by the court, a referee in probate appointed by the district court pursuant to Iowa Code section 633.20, and determined by the court to be qualified to serve as a master, shall have the powers to perform all the duties required of masters appointed by the court in civil actions (Iowa Rs. Civ. P. 1.935 1.942) and shall examine all reports, applications and petitions in probate and in trusts requiring action by the court.
- b. Other referees. A referee in probate not determined by the court to be qualified to serve as a master shall have authority to examine probate files to make the report provided by rule 7.4.
- c. Referee reports. The report of the referee shall be in writing on a form which substantially complies with the form that accompanies these rules and shall contain such matters as the court may request as shown by the files and reports in the clerk's office. If the referee is authorized to act as a master, the report shall also contain recommendations of the referee as to what ought to be done relative to the reports when considered by the court. No final report will be approved until the report of the referee is presented to the court, it being contemplated that such presentation shall be made expeditiously and without delay.
- d. Other duties. In addition to the powers and duties of the referee in probate prescribed by this rule, the referee shall perform such duties as the court may require.

### 7.5(2) Fees.

- a. The referee shall be paid a fee for services as permitted under a schedule established under Iowa Code section 633.21, unless a referee and any assistant are appointed for the county for all matters in probate in the county and are paid an annual compensation.
- b. Referee fees shall be taxed and collected by the clerk as other costs, and such fees shall be in addition to all other fees charged and collected by the clerk in probate matters as required by Iowa Code section 633.31.
- c. In such cases where a referee and any assistant are paid an annual compensation, any excess of fees remaining after payment of such other expenses as are approved by the court shall be disbursed pursuant to the Code.

[Court Order December 18, 1980, effective January 1, 1981; Report November 9, 2001, effective February 15, 2002]

### Rule 7.6 Reports of delinquent inventories or reports.

- **7.6(1)** The clerk's report to the presiding judge required by Iowa Code section 633.32, of all delinquent inventories or reports in estates, trusts, guardianships or conservatorships shall contain, in addition to the information required by Iowa Code section 633.32(3), a copy of each delinquency notice and, if they do not appear on the face of the delinquency notice, the following information for each delinquent inventory or report:
  - *a.* The probate number of the matter.
  - b. The title of the matter.
  - c. An indication of whether the matter is an estate, trust, guardianship, or conservatorship.
  - d. The name and address of the fiduciary.
  - e. The name and address of the attorney, if any, for the fiduciary.
  - f. The type of delinquent inventory or report.
  - g. The date notice of delinquency was given.
- h. A statement that the required report or inventory or an order extending time for a specified period was not filed within 60 days after the giving of notice of delinquency.
  - *i*. The date the matter was opened.
  - j. The name of the last paper filed by the fiduciary or attorney and the date of filing such paper.
- k. The number, including "zero" if appropriate, of previous delinquency notices given in the matter and ignored.
- **7.6(2)** The clerk shall submit a copy of the report to the chief judge of the judicial district and the state court administrator in addition to the presiding judge as required by Iowa Code section 633.32(2). If an order extending time for a specified period was filed but not complied with, the clerk shall proceed as in instances in which an order is not filed.
- 7.6(3) The state court administrator shall utilize the reports in the discharge of the duties prescribed in Iowa Code section 602.1209 and, in addition, shall prepare a list of the attorneys for fiduciaries who have received and ignored a notice of delinquency. The state court administrator shall transmit

the list of attorneys, together with other relevant information, to the Iowa Supreme Court Attorney Disciplinary Board and to the Client Security Commission.

**7.6(4)** The Iowa Supreme Court Attorney Disciplinary Board, as a commission of the supreme court pursuant to Iowa Ct. R. 35.2, shall communicate with each attorney licensed to practice law in Iowa whose name appears on the list transmitted to the board pursuant to rule 7.6(3). If the board determines there is reasonable cause to believe an attorney for a fiduciary has violated Iowa R. of Prof'l Conduct 32:1.3 or 32:3.2 for failure to file a required inventory or report within 60 days after receiving notice of delinquency, or within an extension of time for a specified period granted by order, the board shall initiate appropriate disciplinary action. The board chairperson shall include the number of attorneys investigated and complaints initiated and processed pursuant to this rule, a synopsis of each such complaint, and the disposition thereof, in the annual board report to the supreme court required by Iowa Ct. R. 35.25.

**7.6(5)** The assistant court administrator of the disciplinary system is authorized to inquire into the status of any delinquent probate inventory or report.

[Court Order March 13, 1980; October 20, 1981; 1983 Iowa Acts, chapter 186, §10151; January 17, 1995, effective April 3, 1995; Report November 9, 2001, effective February 15, 2002; August 29, 2002, effective December 1, 2002; April 20, 2005, and July 1, 2005, effective July 1, 2005; February 20, 2012]

Rule 7.7 Interlocutory report. If the final report of the personal representative required by Iowa Code section 633.477 is not filed within 18 months after the date of the second publication of the notice to creditors, the personal representative shall at that time file an interlocutory report in accordance with Iowa Code section 633.469. The report shall identify the work remaining to be done in the estate and shall include an estimate of the period within which the work will be completed. The personal representative shall provide copies of the report to all interested parties by mailing, and proof of mailing shall be filed with the clerk. An order of the court approving the report shall not be required unless hearing on the report is held upon request of the personal representative or an interested party. The provisions of Iowa Code section 633.32 and rule 7.6 shall apply to the report required by this rule.

[Report August 22, 1985, effective November 1, 1985; November 9, 2001, effective February 15, 2002]

### Rule 7.8 Guardian and conservator filing requirements.

- 7.8(1) The court shall not waive any guardian requirement to file an initial, annual, or final report.
- **7.8(2)** The court shall not waive any conservator requirement to file an inventory, annual report and accounting, or final report.
- **7.8(3)** The court may extend the time for any required filing of a guardian or conservator only upon the showing of good cause.
- **7.8(4)** Upon a failure of a guardian or conservator to make any required filing, and after notice and opportunity to cure the failure, the court may impose sanctions on the guardian or conservator including removal of the guardian or conservator.

[Court Order March 7, 2018, effective January 1, 2019]

### Rules 7.9 and 7.10 Reserved.

Rule 7.11 Adult guardianships; forms mandatory for self-represented litigants. An individual serving as guardian for an adult guardianship without attorney representation must use forms contained in this rule for required filings. An attorney may use these forms but is not required to do so.

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020]

December 2019

#### Rule 7.11—Form 1: Protected Information Disclosure

In the Iowa District Co	ourt for		_ County
In the Matter of the Guardianship of	f: Probate	Probate no	
Full name: first, middle, last	— Pro	tected Info	ormation Disclosure
Protected Person.			
When protected information, as define is material to the case and is therefore nonconfidential cases, a party must re	included in no	nconfidenti	al documents on
For an explanation of a filer's responsibility ar refer to lowa Court Rules: Chapter 16, Rules Privacy. Rule 16.602 provides the list of prote that may be redacted or partially provided.	of Electronic Proce	edure, Divisio	on VI, Protection of Personal
<ol> <li>Protected Person. The person who is a Provide the complete version of protected information.</li> </ol>		•	rluded in documents you file.
Name	Middle	Last	
	Middle  Complete info (See rules 16.602 an	rmation	Redacted information (See rule 16.605)
First	Complete info	rmation	
Protected information type	Complete info	rmation	(See rule 16.605)
Protected information type  A. Social security number	Complete info (See rules 16.602 an	rmation	(See rule 16.605)  Last four digits only
Protected information type  A. Social security number  B. Date of birth  C. Personal identification numbers	Complete info (See rules 16.602 and mm/dd/yyyy  Full number	rmation	(See rule 16.605)  Last four digits only  Year only
Protected information type  A. Social security number  B. Date of birth  C. Personal identification numbers (if no social security number)	Complete info (See rules 16.602 and / / / // mm/dd/yyyy  Full number	rmation	(See rule 16.605)  Last four digits only  Year only  Partial only
Protected information type  A. Social security number  B. Date of birth  C. Personal identification numbers (if no social security number)  E. Other unique identifying numbers  E. Additional protected information  F. Additional protected information	Complete info (See rules 16.602 an  -  /  mm/dd/yyyy  Full number  Full number	rmation	(See rule 16.605)  Last four digits only  Year only  Partial only  Partial only
Protected information type  A. Social security number  B. Date of birth  C. Personal identification numbers (if no social security number)  E. Other unique identifying numbers  E. Additional protected information  F.	Complete info (See rules 16.602 and	rmation	(See rule 16.605)  Last four digits only  Year only  Partial only  Partial only  Partial information

Rule 7.11—Form 1: Protected Information Disclosure, continued

3.

2.	Petitioner.	The person filing the petition for appointment of a guardian.	
----	-------------	---	--

		3 6 1 11	
	First	Middle	Last
Pr	rotected information type	Complete information (See rules 16.602 and 16.604	
A.	Social security number		Last four digits only
B.	Date of birth	/ / mm/dd/yyyy	Year only
C.	Individual taxpayer identification numbers		Last four digits only
D.	Personal identification numbers (if no social security number)	Full number	Partial only
E.	Other unique identifying numbers	Full rumber	Partial only
F.	Additional protected information	Full information	Partial information
G.	Additional protected information	Full information	Partial information
H.	Additional protected information	Full information	Partial information
l.	Additional protected information	Full information	Partial information
	Check this box if you are attaching a	separate sheet listing additio	nal information for Petitioner.
009	sed Guardian or Guardian.	The proposed, or current,	guardian of the protected person.
	the complete version of protected infor		
ne			
	First	Middle	Last
Pr	rotected information type	Complete informatio	
Α.	Social security number		Last four digits only
B.	Date of birth	/ mm/dd/yyyy	Year only
_	Individual taxansını		
C.	Individual taxpayer identification numbers		Last four digits only

Full number

Partial only

Partial only

D. Personal identification numbers (if no social security number)

E. Other unique identifying numbers

Rule 7.11—Form 1: Protected Information Disclosure, continued

F.			
	Additional protected information	Full information	Partial information
G.			
	Additional protected information	Full information	Partial information
H.			
	Additional protected information	Full information	Partial information
T.			
	Additional protected information	Full information	Partial information

Check this box if you are attaching a separate sheet listing additional information for Proposed Guardian or Guardian

4.	Other Persons.	Any other	person with	information	redacted in	the documents	you	file.
----	----------------	-----------	-------------	-------------	-------------	---------------	-----	-------

 $Provide \ the \ complete \ version \ of \ protected \ information \ and \ the \ redacted \ version \ included \ in \ documents \ you \ file.$ 

Name			
	First	Middle	Last

Protected information type	Complete information (See rules 16.602 and 16.604)	Redacted information (See rule 16.605)
A. Social security number		Last four digits only
B. Date of birth	/ / mm/dd/yyyy	Year only
C. Individual taxpayer identification numbers		Last four digits only
D. Personal identification numbers (if no social security number)	Full rumber	Partial only
E. Other unique identifying numbers	Full number	Partial only
F.		
Additional protected information	Full information	Partial information
G.		
Additional protected information	Full information	Partial information
H.		
Additional protected information	Full information	Partial information
I.		
Additional protected information	Full information	Partial information

Check this box if you are attaching a separate sheet listing additional information for Other Person.

Rule 7.11—Form 1: Protected Information Disclosure, continued

### 5. Information provided by:

	/S/		
Printed name	Signo	ature	
Law firm, if applicable			
Mailing address			
City	State		ZIP code
() Phone number			
Email address	Addition	al email addi	ress, if applicable
Month Day	, 20 		
Date signed	1 641		

### Rule 7.11—Form 2: Background Check Information for a Proposed Guardian of a Protected Person

### Instructions:

- Iowa Code section 633.564 requires the court to conduct a criminal records check and checks of the child abuse, dependent adult abuse, and sex offender registry for a proposed guardian of a protected person, and requires the proposed guardian to pay the background check fee (\$15.00). Note: The clerk of court will keep this information form confidential.
- Do not give copies of this form to anyone except the clerk of court or your attorney, if you have one.
- If there is no existing conservatorship approved by the court, file this form and a Petition to Establish a Guardianship
  for a Protected Person with the clerk of court.

If you do not understand how to use this form, or if you are unsure whether you should use this form, talk to an attorney.

		In the lowa Dis	strict Court fo	or	County
ln	the	Matter of the Guardian	nship of:	Probate no	
Fu	ll nan	ne: first, middle, last			I Check Information for a Guardian of a Protected
Pı	rote	cted Person.		Породоц	Person
					Iowa Code § 633.564
G	uarc	dian states as follows:			,
1.	Pr	oposed Guardian's pe	rsonal inform	ation	
	A.	Current legal name			
		Full first name	(write "N	niddle name /A" if no middle name)	Full last name
	В.	Personal identifying info	ormation		
		/ /			
			ear)	Gender	Social security number
	C.	All other names ever us nicknames)	sed (including	any other previo	us legal names and
		ernate me #1			
		Full first name	(w	ıll middle name rite "N/A" if no middle name)	Full last name
		ernate me #2			
	Πα	Full first name	(w	all middle name rite "N/A" if no middle name)	Full last name
			Continued o	on next page	
De	ceml	ber 2019	Rule 7.11	—Form 2	Page 1 of 2

Alternate					
name #3	Full first name	Full middle name (write "N/A" if no middle name)	Full last nan	пе	
Alternate					
name #4	Full first name	Full middle name (write "N/A" if no middle name)	Full last nan	пе	
Alternate name #5					
	Full first name	Full middle name (write "N/A" if no middle name)	Full last nan	пе	
Alternate name #6					
	Full first name	Full middle name (write "N/A" if no middle name)	Full last nan	пе	
Alternate name #7					
Tiairie #7	Full first name	Full middle name (write "N/A" if no middle name)	Full last nan	пе	
Alternate name #8					
Tiarrie #0	Full first name	Full middle name (write "N/A" if no middle name)	Full last nan	пе	
Alternate name #9					
Tiarrie #9	Full first name	Full middle name (write "N/A" if no middle name)	Full last nan	1е	
Certification	on and release autho	,			
Certification: I confirm that the information provided above is true and correct.					
history reco history data law. I unde court record	ord check with the Di a concerning me mai erstand this can incl	permission for the court to ivision of Criminal Investign tained by the DCI may bude information concernination of the terms of a defe	ation (DCI). An e released as a ng cases expun	y crimir llowed ged fro	
	ature of proposed guardian	Month		Year	
Sign	ature oj proposea guaratan	William	Duy	ieur	

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020]

### Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person

### Instructions:

- Guardian must complete, sign, and file this form with the court within sixty (60) days of appointment.
- Do not include protected information on this form. For protected information, complete Rule 7.11—Form 1: Protected Information Disclosure.
- The purpose of the Initial Care Plan is to provide the court with a complete picture of Protected Person's current situation, Protected Person's needs, and Guardian's plan to meet those needs.
- Provide as much detailed information as possible.

If you do not understand how to use this form, or if you are unsure whether you should use this form, talk to an attorney.

In the lowa District Court fo	or County
In the Matter of the Guardianship of:	Probate no
Full name: first, middle, last  Protected Person.	Guardian's Initial Care Plan for Protected Person
	Iowa Code § 633.669(1)(a)
Guardian states as follows:	
1. Guardian's information	
A. Guardian's name:	
Full name: first, middle, last	
B. Guardian is Protected Person's: Check	i one
☐ Spouse	
☐ Adult child	
☐ Parent	
☐ Adult sibling	
☐ Other:	

Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person, continued

2.

Pr	otected Person's information		
Α.	Protected Person's age:		
В.	Reason for guardianship:		
	Check this box if you have attached a sheet with addit	ional information.	
C.	Protected Person's highest education level	attained:	
	☐ High school		
	☐ College or university		
	☐ Other:		
D.	Does Protected Person have a Living Will?		
	☐Yes ☐No		
	If you checked Yes, complete (1)–(2).		
	(1) Do you have a copy of Protected Pe	rson's Living W	fill?
	□Yes □No		
	(2) Where is the Living Will located?		
	Full name: first, middle, last / business name		
	Mailing address		
	City	State	ZIP code
	()	_	
	Phone number		
	Email address	Additional em	ail address, if applicable

E. Does Protected Person have a Healthcare Power of Attorney?

Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person, continued

☐ Yes ☐ No			
If you checked Ye	es, complete (1)	(2).	
(1) Who is se	rving as the a	gent (attorney-in-fact)?	
Full name: fi	rst, middle, last		
Mailing addr	ess		
City		State	ZIP code
()_ Phone numbe	?r		
Email addres	is .	Addition	al email address, if applicable
(2) Where is t	he Healthcare	Power of Attorney loca	ated?
Full name: fi	rst, middle, last/b	ousiness name	
Mailing addr	ess		
City		State	ZIP code
() <sub>.</sub> Phone numbe			
Email addres		Addition	nal email address, if applicable
☐ Yes  If you checked Ye	Person current	tly live with Guardian?	Check <b>Yes</b> or <b>No</b> below.
Check this box	if you have attach	ned a sheet with additional info	rmation.
		inued on next page	
December 2019		Rule 7 11—Form 3	Page 3 of 16

	Mailing address	
	City State ZI	P code
(2)	2) Date Protected Person began living at current resi	dence:
	Month Day Year	
	Month Day Year	
(3)	<ol> <li>How often does Guardian plan to visit or have other mail, email, social media, and phone) with Protected apply</li> </ol>	
	☐ Daily	
	☐ Weekly	
	☐ Monthly	
	☐ Other:	
(4)	<ol> <li>How does Guardian plan to interact with Protected apply</li> </ol>	Person? Check all tha
	☐ In person	
	☐ Mail, email, or social media	
	□ Phone	
	☐ Other:	
(5)	5) Describe the types of activities with or on behalf of Guardian plans:	Frotected Person to

Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person, continued

١.	future needs?
	☐ Yes ☐ No
	If No, describe Guardian's plan for meeting those needs:
	Check this box if you have attached a sheet with additional information.

### 4. Protected Person's expenses

### A. Estimate of Protected Person's expenses:

Type of expense	Amount estimated  Check one  monthly annual
(1) House payment or rent	\$
(2) Food At home and restaurants	\$
(3) Transportation (gas, bus fare) Not car loan payments – see (14).	\$
(4) Clothing	\$
(5) Medical, dental  Not health insurance payments – see (10).	\$
(6) Utilities (gas, electric, water)	\$
(7) Phone	\$
(8) Cable / satellite television / internet	\$
(9) Car insurance payment	\$

Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person, continued

(10) Health insurance payment	\$
(11) Transportation	\$
(12) Educational or vocational training expenses	69
(13) Credit card payments	\$
(14) Car loan payments	\$
(15) Other loan payments	\$
(16) Other expense Identify:	\$
(17) Other expense Identify:	\$
(18) Other expense Identify:	\$
(19) Other expense Identify:	\$
(20) Totals from attached sheets, if any  Check this box if you have attached a sheet with additional information regarding expenses.	\$
Total expenses	\$

Who will pay Protected Person's expenses? Check all that apply
☐ Guardian
☐ Spouse
☐ Adult sibling or siblings
☐ One or both of Protected Person's parents
☐ A court-appointed conservator
☐ Other:

5.

Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person, continued

Full name: first, middle, last  Mailing address  City State ZIP code  (	C. In	Information regarding payer of Protected Person's expenses:				
City    State   ZIP code     Phone number     Email address   Additional email address, if applicable     D. If Guardian is responsible for paying Protected Person's expenses, descri     Guardian's plan for payment of Protected Person's living expenses and ot expenses:   Check this box if you have attached a sheet with additional information.   Protected Person's health     A. Protected Person's physical health     (1) Describe Protected Person's current medical health status, identifying medical concerns:   Check this box if you have attached a sheet with additional information.     Check this box if you have attached a sheet with additional information.     Check this box if you have attached a sheet with additional information.	$\overline{Fu}$	Full name: first, middle, last				
Phone number  Email address Additional email address, if applicable  D. If Guardian is responsible for paying Protected Person's expenses, descri Guardian's plan for payment of Protected Person's living expenses and ot expenses:    Check this box if you have attached a sheet with additional information.  Protected Person's health  A. Protected Person's physical health  (1) Describe Protected Person's current medical health status, identifying medical concerns:    Check this box if you have attached a sheet with additional information.  (2) Guardian's plan for meeting Protected Person's medical care needs:	$\overline{Ma}$	ailing address				
Email address  Additional email address, if applicable  D. If Guardian is responsible for paying Protected Person's expenses, descri Guardian's plan for payment of Protected Person's living expenses and ot expenses:  Check this box if you have attached a sheet with additional information.  Protected Person's health  A. Protected Person's physical health  (1) Describe Protected Person's current medical health status, identifying medical concerns:  Check this box if you have attached a sheet with additional information.  (2) Guardian's plan for meeting Protected Person's medical care needs:	Cit	ty	State	ZIP code		
D. If Guardian is responsible for paying Protected Person's expenses, descri Guardian's plan for payment of Protected Person's living expenses and ot expenses:    Check this box if you have attached a sheet with additional information.   Protected Person's health	( <u> </u>	one number				
Guardian's plan for payment of Protected Person's living expenses and ot expenses:    Check this box if you have attached a sheet with additional information.    Protected Person's health	En	nail address	Additional email add	ress, if applicable		
Protected Person's physical health  (1) Describe Protected Person's current medical health status, identifying medical concerns:   Check this box if you have attached a sheet with additional information.  (2) Guardian's plan for meeting Protected Person's medical care needs:	Gı	uardian's plan for payment of l				
Protected Person's health  A. Protected Person's physical health  (1) Describe Protected Person's current medical health status, identifying medical concerns:   ——————————————————————————————————	_					
Protected Person's physical health  (1) Describe Protected Person's current medical health status, identifying medical concerns:   ——————————————————————————————————	_					
Protected Person's health  A. Protected Person's physical health  (1) Describe Protected Person's current medical health status, identifying medical concerns:   ——————————————————————————————————	$\Box$	Check this box if you have attached a s	heet with additional information.			
(1) Describe Protected Person's current medical health status, identifying medical concerns:			<b>,</b>			
(1) Describe Protected Person's current medical health status, identifying medical concerns:	. Pr					
(2) Guardian's plan for meeting Protected Person's medical care needs:		(1) Describe Protected Person's current medical health status, identifying any				
(2) Guardian's plan for meeting Protected Person's medical care needs:						
(2) Guardian's plan for meeting Protected Person's medical care needs:						
(2) Guardian's plan for meeting Protected Person's medical care needs:						
		Check this box if you have attached a sheet with additional information.				
Check this box if you have attached a sheet with additional information.	(2	(2) Guardian's plan for meeting Protected Person's medical care needs:				
Check this box if you have attached a sheet with additional information.						
Check this box if you have attached a sheet with additional information.						
Check this box if you have attached a sheet with additional information.						
		Check this box if you have attached	d a sheet with additional informa	tion.		
Continued on next page		Contin	nued on next page			

Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person, continued

В.	Pro	otected Person's dental health
	(1)	Describe Protected Person's current dental health status, identifying any dental health concerns:
		Check this box if you have attached a sheet with additional information.
	(2)	Guardian's plan for meeting Protected Person's dental health care needs:
		Check this box if you have attached a sheet with additional information.
C.	Pro	otected Person's mental health
	(1)	Describe Protected Person's current mental health status, identifying any mental, cognitive, behavioral, or emotional concerns:
		Check this box if you have attached a sheet with additional information.
	(2)	Guardian's plan for meeting Protected Person's mental, cognitive, behavioral or emotional needs:
		Check this box if you have attached a sheet with additional information.
		Continued on next page

Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person, continued D. Other health concerns (1) Identify any other health care concerns related to Protected Person: Check this box if you have attached a sheet with additional information. (2) Guardian's plan for meeting other health care concerns identified: Check this box if you have attached a sheet with additional information. 6. Protected Person's education, training, and other vocational services and employment status A. Is Protected Person enrolled in or attending school? ☐ Yes ☐ No If you checked Yes, complete (1)-(2). (1) School information: School name where Protected Person is enrolled or attending School mailing address State (2) Does Protected Person receive or need special education or related services? ☐ Yes ☐ No If Yes, describe: Check this box if you have attached a sheet with additional information.

Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person, continued

B. Is Protected Person employed? ☐ Yes ☐ No If you checked Yes, complete (1)–(3). (1) Protected Person is employed: ☐ Full-time ☐ Part-time Other: \_\_\_ (2) Employer's information: Employer's name Employer's mailing address ZIP code State City Supervisor's name Supervisor's phone number Supervisor's email address (3) Describe Protected Person's employee duties: Check this box if you have attached a sheet with additional information. C. Does Protected Person receive or need educational, training, or other vocational assistance? ☐ Yes ☐ No If you checked Yes, complete (1)-(2). (1) Describe Protected Person's educational, training, and vocational needs: Check this box if you have attached a sheet with additional information. Continued on next page

Rul	e 7.1	1—Form 3: Guardian's Initial Care Plan for Protected Person, continued					
		(2) Guardian's plan for meeting educational, training, and vocational needs identified:					
		Check this box if you have attached a sheet with additional information.					
7.	Ot	ther professional services					
	Α.	Does Protected Person require any professional services other than those listed above?					
		☐ Yes ☐ No					
		If you checked Yes, complete B and C, otherwise skip to 8.					
	В.	Other professional services Protected Person requires:					
		☐ Check this box if you have attached a sheet with additional information.  Guardian's plan to provide the professional services required:					
	C.						
		Check this box if you have attached a sheet with additional information.					
8.	Pr	otected Person's social activities					
	A.	Does Protected Person require assistance with participation in social activities?					
		□Yes □No					
		If you checked Yes, complete the next section.					
		Continued on next page					
De	cemb	per 2019 Rule 7.11—Form 3 Page 11 of 1					

Ru	le 7.1.	1—Form 3: Guardian's Initial Care Plan for Protected Person, continued
	В.	Guardian's plan for assisting Protected Person's participation in social activities:
		Check this box if you have attached a sheet with additional information.
9.	Pr	otected Person's contact with family members and other significant persons
	Α.	Will arrangements be made for regular contacts between Protected Person and Protected Person's family members (e.g., spouse, parents, adult children, and adult spouse)?
		□Yes
		If you checked Yes, complete the following sections as appropriate.
		(1) Family member's name:
		Relationship to Protected Person:
		Describe arrangements planned for contact with this person:
		Check this box if you have attached a sheet with additional information.
		Continued on want man

Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person, continued
(2) Family member's name:
Relationship to Protected Person:
Describe arrangements planned for contact with this person:
<del></del>
Check this box if you have attached a sheet with additional information.
Check this box if you have attached a sheet with additional family members.
□No
If you checked No, complete the next section.
Explain why:
$\Box$ Check this box if you have attached a sheet with additional information.

 $\textit{Rule 7.11} - \textit{Form 3: Guardian's Initial Care Plan for Protected Person}, \ \texttt{continued}$ 

	rangements be made for regular contacts between Protected Person and significant persons (e.g., friends, former co-workers, and clergy)?
□Yes	
If yo	ou checked Yes, complete the following sections as appropriate.
(1)	Significant person's name:
	Relationship to Protected Person:
	Describe arrangements planned for contact with this person:
	Check this box if you have attached a sheet with additional information.
(2)	Significant person's name:
	Relationship to Protected Person:
	Describe arrangements planned for contact with this person:
	Check this box if you have attached a sheet with additional information.
	Check this box if you have attached a sheet with additional significant persons.

Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person, continued
□No
If you checked No, complete the next section.
Explain why:
-
Check this box if you have attached a sheet with additional information.
10. Additional information
Additional information that may be useful for the court to know in determining what is in Protected Person's best interest:
Check this box if you have attached a sheet with additional information.
11. Fees for Guardian Check one
☐ Fees are applied for. Attach affidavit relative to compensation (Iowa Code section 633.202).
☐ Fees are waived.
12. Fees for Guardian's attorney  Check one
☐ Fees should be set by the court. Attach affidavit relative to compensation (Iowa Code section 633.202).
☐ Fees are not requested.
☐ Fees are waived or not applicable.
Continued on next page
Commen on near page

Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person, continued

13. Attori	ney Help Check one			
A. 🗆	An attorney did not he	elp me prepare	or fill in this p	aper.
В. 🗆	An attorney helped m	e prepare or fil	l in this paper.	
	If you check B, you must fill	in the following inf	ormation:	
	Name of attorney or organiz	zation, if any		
	Business address of attorney	or organization		
	City		State	ZIP code
	() Phone number		Fax number	
	Email address		Additional email	address, if applicable
14.Oath	and signature of Gua	ırdian		
l,	vour name	, have rea	ad this Initial (	Care Plan, and I certify
under	penalty of perjury and lation I have provided	pursuant to the pursuant to the in this Initial Ca	e laws of the S	State of lowa that the
Month	$\overline{Day}$ , $\overline{Z}$	ear Signature*		
Mailing	address			
City			State	ZIP code
( Phone r	<u> </u>			
Email a	ddress		Additional email	address, if applicable
*Handv	vrite your signature on this fo	rm. Scan the form a	fter signing it and	file it electronically.

### Instructions:

- Guardian must complete, sign, and file this form with the court within thirty (30) days of the close of the reporting period.
- Do not include protected information on this form. For protected information, complete Rule 7.11—Form 1: Protected Information Disclosure.
- The purpose of the Annual Report is to provide the court with a complete picture of Protected Person's current situation as well as developments that occurred during the reporting period.
- Provide as much detailed information as possible. Do not include responses such as "same as last report" or "no change since last report."

If you do not understand how to use this form, or if you are unsure whether you should use this form, talk to an attorney.

		In the Iowa District Court fo	or County			
Full	nam	Matter of the Guardianship of:  ne: first, middle, last  cted Person.	Probate no.  Guardian's Annual Report for  Protected Person			
		lion atatao ao fallawa	Iowa Code § 633.669(1)(b)			
		lian states as follows:				
1.		eporting period is report is for the period from: ${\mathit{Month}}$	lltoll Day Year Month Day Year			
2.	Gι	uardian's information				
	A.	Guardian's name:				
		Full name: first, middle, last				
	В.	Guardian is Protected Person's: Check	one			
		☐ Spouse				
		☐ Adult child				
		☐ Parent				
		☐ Adult sibling				
		Other:				
		Continued o	on next page			

Pr	otected Person's information
A.	Protected Person's age:
В.	Protected Person's highest education level attained:
	☐ High school
	☐ College or university
	☐ Other:
C.	Does Protected Person have a Living Will?
	☐ Yes ☐ No
	If you checked Yes, complete (1)–(2).
	(1) Do you have a copy of Protected Person's Living Will?
	☐ Yes ☐ No
	(2) Where is the Living Will located?
	Full name: first, middle, last / business name
	Mailing address
	City State ZIP code
	() Phone number
_	Email address Additional email address, if applicable
D.	Does Protected Person have a Healthcare Power of Attorney?
	□ Yes □ No
	If you checked Yes, complete (1)–(2).
	(1) Who is serving as the agent (attorney-in-fact)?
	Full name: first, middle, last
	Mailing address
	City State ZIP code
	() Phone number
	Email address ———————————————————————————————————
	Continued on next page

Rule 7.11 - Form 4: Guardian's Annual Report for Protected Person, continued

		(2	) Where is the Healthca	are Power of Att	orney locate	d?
			Full name: first, middle, last	t/business name		
			Mailing address			
			City () Phone number		State	ZIP code
			Email address			email address, if applicable
4.	Co	ontinu	ation of guardianship			
	Α.	Guard	dianship is recommend	ed to be: Check or	<i>1e</i>	
		□Со	ntinued			
		☐ Tei	rminated			
			you checked Terminated, patermination.	rovide an explanation	n. A court heari	ng may be required on the matter
		_				
		-				
			Check this box if you have atta	ached a sheet with ad	lditional inform	ation.
	В.	Ability	of Guardian to continu	ue as guardian:	Check one	
		☐ Gu	ardian is able and willir	ng to continue as	s Guardian.	
		☐ Gu	ardian is unable or unw	villing to continu	e as Guardia	an. Explain why:
		_				
			Check this box if you have atto	ached a sheet with ad	lditional inform	ation.
			Co	ontinued on next	page	

خ. As	ssistance requested	d:				
Ide	entify any assistance Gua	rdian needs in pr	oviding or arranging f	or care of Protected Perso	n.	
_						
	Check this box if you ha	ve attached a shee	et with additional infor	mation.		
rote	ected Person's res	idence and	interaction with	Guardian		
A. Do	oes Protected Pers	on currently I	ive with Guardian	? Check <b>Yes</b> or <b>No</b> bel	ow.	
	Yes					
	If you checked Yes, co	omplete the next s	ection.			
Describe Guardian's daily interaction with Protected Person during reporting period:						
	Check this box if yo	u have attached a	sheet with additional	information.		
	No					
	If you checked No, con	mplete sections (1	)–(4).			
	(1) Protected Per	son's current	residence:			
	Mailing address					
	City		State	ZIP code		
	City (2) Date Protecte	d Person beg				
	Ide	Identify any assistance Gua  Check this box if you har  Protected Person's res  A. Does Protected Person  If you checked Yes, con  Describe Guardia reporting period:  Check this box if yoo  No  If you checked No, con  (1) Protected Person	☐ Check this box if you have attached a sheel  Protected Person's residence and it  A. Does Protected Person currently it  ☐ Yes  If you checked Yes, complete the next so  Describe Guardian's daily interreporting period:  ☐ Check this box if you have attached at  ☐ No  If you checked No, complete sections (1)  (1) Protected Person's current	Identify any assistance Guardian needs in providing or arranging for Check this box if you have attached a sheet with additional information.   Protected Person's residence and interaction with   A. Does Protected Person currently live with Guardian   Yes   If you checked Yes, complete the next section.   Describe Guardian's daily interaction with Protecting period:   Check this box if you have attached a sheet with additional in   No   If you checked No, complete sections (1)–(4).   (1) Protected Person's current residence:	Identify any assistance Guardian needs in providing or arranging for care of Protected Person   Check this box if you have attached a sheet with additional information.    Protected Person's residence and interaction with Guardian   Check Yes or No bell   Yes	

(3) What types of contacts did Guardian have with Protected Person during the reporting period and how often? Check all that apply ☐ In person □ Daily ☐ Weekly ☐ Monthly Other: \_\_\_\_ ☐ Mail, email, or social media □ Daily ☐ Weekly ☐ Monthly Other: ☐ Phone □ Daily ☐ Weekly ☐ Monthly Other: \_\_\_\_ ☐ Other type of contact: \_\_\_\_\_ □ Daily ☐ Weekly ☐ Monthly ☐ Other: \_\_\_\_\_ (4) Summarize the types of activities with or on behalf of Protected Person that Guardian performed during the reporting period: Check this box if you have attached a sheet with additional information. Continued on next page

В.	Does Protected Person's current living situation best meet Protected Person's future needs?
	☐ Yes ☐ No
	If No, describe Guardian's plan for meeting those needs:
	Check this box if you have attached a sheet with additional information.

### 6. Protected Person's expenses

A. Estimate of Protected Person's expenses for the next reporting period:

Type of expense	Amount estimated  Check one  ☐ monthly ☐ annual
(1) House payment or rent	\$
(2) Food At home and restaurants	\$
(3) Transportation (gas, bus fare)  Not car loan payments – see (14).	\$
(4) Clothing	\$
(5) Medical, dental  Not health insurance payments – see (10).	\$
(6) Utilities (gas, electric, water)	\$
(7) Phone	\$
(8) Cable / satellite television / internet	\$
(9) Car insurance payment	\$

Rule 7.11—Form 4: Guardian's Annual Report for Protected Person, continu	Ru	le	7.11	!—	Form	4:	Guardian's	Annual	Re	port for	·Protecte	dP	erson,	continue
--	----	----	------	----	------	----	------------	--------	----	----------	-----------	----	--------	----------

(10) Health insurance payment	69
(11) Transportation	\$
(12) Educational or vocational training expenses	\$
(13) Credit card payments	\$
(14) Car loan payments	\$
(15) Other loan payments	69
(16) Other expense  Identify:	\$
(17) Other expense  Identify:	\$
(18) Other expense  Identify:	\$
(19) Other expense  Identify:	\$
(20) Totals from attached sheets, if any  Check this box if you have attached a sheet with additional information regarding expenses.	\$
Total expenses	\$

•	. Who will pay Protected Person's expenses? Check all that appl
	☐ Guardian
	☐ Spouse
	☐ Adult sibling or siblings
	☐ One or both of Protected Person's natural parents
	☐ A court-appointed conservator
	☐ Other:

7.

C.	Information regarding payer of Protect	ted Person's expens	ses:
	Full name: first, middle, last		
	Mailing address		
	City	State	ZIP code
	() Phone number	_	
	Email address	Additional email addr	ress, if applicable
D.	If Guardian is responsible for paying F Guardian's plan for payment of Protec expenses during the next reporting pe	ted Person's living	
Dr	☐ Check this box if you have attached a sheet wit otected Person's health	th additional information.	
	Protected Person's physical health		
Λ.	(1) Summarize Protected Person's me period, identifying any medical cor		
	Check this box if you have attached a shee	t with additional informat	ion.
	(2) Guardian's plan for meeting Protection	cted Person's future	medical care needs:
	Check this box if you have attached a shee	t with additional informat	ion.
	Continued o	n next page	

В.	Pro	tected Person's dental health
	(1)	Summarize Protected Person's dental health status during the reporting period, identifying any dental concerns that occurred:
		Check this box if you have attached a sheet with additional information.
	(2)	Guardian's plan for meeting Protected Person's future dental health care needs:
		Check this box if you have attached a sheet with additional information.
C.	Pro	tected Person's mental health
	` '	Summarize Protected Person's mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred:
		Check this box if you have attached a sheet with additional information.
	(2)	Guardian's plan for meeting Protected Person's future mental, cognitive, behavioral, or emotional needs:
		Check this box if you have attached a sheet with additional information.
		Continued on next page

	D.	Oth	ner health concerns
		(1)	Summarize any other health care concerns related to Protected Person that occurred during the reporting period:
			Check this box if you have attached a sheet with additional information.
		(2)	Guardian's plan for meeting other health care concerns identified:
			Check this box if you have attached a sheet with additional information.
8.			cted Person's education, training, and other vocational services and syment status
	A.	Dic	Protected Person attend school during the reporting period?
		□ '	Yes □ No
		If yo	ou checked Yes, complete (1)–(2).
		(1)	School information:
			School name Protected Person attended
			School mailing address
			City State ZIP code
		(2)	Did Protected Person receive special education or related services during the reporting period?
			☐ Yes ☐ No
			If Yes, describe what services were received:
			Check this box if you have attached a sheet with additional information.
			Continued on next page

В.	Was Protected Person employed during the	e reporting period?	
	☐ Yes ☐ No		
	If you checked Yes, complete (1)–(3).		
	(1) Protected Person was employed:		
	☐ Full-time		
	☐ Part-time		
	☐ Other:		
	(2) Employer's information:		
	Employer's name		
	Employer's mailing address		
	City	State	ZIP code
	Supervisor's name		
	()Supervisor's phone number	Supervisor's email addre	255
	(3) Describe Protected Person's employee	-	233
	(a) Become i interested i croom a employee	datios.	
	Check this box if you have attached a sheet with a	additional information.	
C.	Did Protected Person receive educational, assistance during the reporting period?	training, or other vo	cational
	☐ Yes ☐ No		
	If you checked Yes, complete (1)–(2).		
	(1) Describe the educational, training, and Person received during the reporting pe		e Protected
	Check this box if you have attached a sheet with a	additional information.	
	Continued on nex	•	
	communication in the	- r 8 -	

Kul	e 7.11	I—Form 4: Guardian's Annual Report for Protected Person, continued
		(2) Guardian's plan for meeting Protected Person's future educational, training, and vocational needs, if any:
		Check this box if you have attached a sheet with additional information.
9.	Ot	her professional services
	Α.	Did Protected Person receive any professional services other than those listed above during the reporting period?
		☐ Yes ☐ No
		If Yes, describe the other professional services Protected Person received during the reporting period:
		Check this box if you have attached a sheet with additional information.
	В.	Does Guardian plan to provide Protected Person with any professional services other than those listed above during the next reporting period?
		□Yes □No
		If Yes, describe the other professional services Guardians plan to provide Protected Person during the next reporting period:
		Check this box if you have attached a sheet with additional information.

40	Drotootod	Dorconic	cocial	activities
7111	Protected	Parenn'e	SOCIAL	activities

Α.	Did Protected Person require assistance with participation in social activities during the reporting period?
	☐ Yes ☐ No
	If Yes, describe how Guardian assisted Protected Person with participation in social activities:
	Check this box if you have attached a sheet with additional information.
В.	Does Guardian plan to provide Protected Person with any assistance with participation in social activities during the next reporting period?
	☐ Yes ☐ No
	If Yes, describe Guardian's plan for assisting Protected Person's participation in social activities during the next reporting period:
	Check this box if you have attached a sheet with additional information.

## 11. Protected Person's contact with family members and other significant persons A. Did Protected Person interact with any family members (e.g., spouse, natural parents, adult children, and adult spouse) during the reporting period? If you checked Yes, complete the following sections as appropriate. (1) Family member's name: \_\_\_ Relationship to Protected Person: \_\_\_ Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions: Check this box if you have attached a sheet with additional information. Will arrangements be made for regular contacts between Protected Person and this family member during the next reporting period? ☐ Yes ☐ No If Yes, describe the arrangements. If No, explain why. Check this box if you have attached a sheet with additional information.

(2) Family member's name:
Relationship to Protected Person:
Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:
Check this box if you have attached a sheet with additional information.
Will arrangements be made for regular contacts between Protected Person and this relative during the next reporting period?
☐ Yes ☐ No
If Yes, describe the arrangements. If No, explain why.
Check this box if you have attached a sheet with additional information.
Check this box if you have attached a sheet with additional family members.

Г	Orm 4: Guardian's Amual Report for Protected Person, continued  No
	If you checked No, complete the next section.
	Explain why:
	Check this box if you have attached a sheet with additional information.
	id Protected Person interact with any other significant persons (e.g., friends, rmer co-workers, and clergy) during the reporting period?
	] Yes
	If you checked Yes, complete the following sections as appropriate.
	(1) Significant person's name:
	Relationship to Protected Person:
	Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

	Will arrangements be made for regular contacts between Protected Person and this significant person during the next reporting period?
	☐ Yes ☐ No
	If Yes, describe the arrangements. If No, explain why.
	☐ Check this box if you have attached a sheet with additional information.
(2)	Significant person's name:
	Relationship to Protected Person:
	Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:
	Check this box if you have attached a sheet with additional information.
	Will arrangements be made for regular contacts between Protected Person and this significant person during the next reporting period?
	☐ Yes ☐ No
	If Yes, describe the arrangements. If No, explain why.
	Check this box if you have attached a sheet with additional information.
	Check this box if you have attached a sheet with additional significant persons.

Rule 7.11—Form 4: Guardian's Annual Report for Protected Person, continued
□ No
If you checked NO, complete the next section.
Explain why:
Check this box if you have attached a sheet with additional information.
12. Additional information
Additional information that may be useful for the court to know in determining what is
in Protected Person's best interest:
Check this box if you have attached a sheet with additional information.
13. Fees for Guardian Check one
☐ Fees are applied for. Attach affidavit relative to compensation (Iowa Code section 633.202).
☐ Fees are waived.
14. Fees for Guardian's attorney  Check one
☐ Fees should be set by the court. Attach affidavit relative to compensation (Iowa Code section 633.202).
☐ Fees are not requested.
☐ Fees are waived or not applicable.
Continued on next page

15. Attorn	15. Attorney Help Check one					
A. 🗌	An attorr	ney did no	t help r	ne prepare	or fill in this pa	per.
В. 🗆	An attorr	ney helped	d me pr	epare or fil	l in this paper.	
	If you chec	k <b>B</b> , you mus	t fill in th	e following inj	formation:	
	Name of at	torney or org	anization	ı, if any		
	Business ac	ddress of atto	rney or o	rganization		
	City				State	ZIP code
	(	_)				
	Phone num	ber			Fax number	
	Email addr	ess			Additional email a	ddress, if applicable
16. Oath	and sign	ature of C	Suardia	an		
l,				, have re	ad this Annual F	Report, and I certify under
	your name					
					of the State of land correct.	lowa that the information I
		. :	20			
Month		Day	Year	Signature*		
Mailing	address					
City					State	ZIP code
( Phone n	<u>)</u>					
r none n	umoer					
Email a	ddress				Additional email a	ddress, if applicable
*Handu	rite your sig	gnature on th	is form. S	can the form a	fter signing it and fil	e it electronically.

#### Rule 7.11—Form 5: Guardian's Final Report for Protected Person

#### Instructions:

- Guardian must complete, sign, and file this form with the court within thirty (30) days of the termination of the guardianship.
- Do not include protected information on this form. For protected information, complete Rule 7.11—Form 1: Protected Information Disclosure.
- The purpose of the Final Report is to provide the court with a complete picture of Protected Person's current situation
  as well as developments that occurred during the reporting period prior to the termination of the guardianship.
- Provide as much detailed information as possible. Do not include responses such as "same as last report" or "no change since last report."

If you do not understand how to use this form, or if you are unsure whether you should use this form, talk to an attorney.

	In the Iowa District Court f				•	County	•	
	In the Matter of the Guardianship of:  Full name: first, middle, last				a's Final F			ected
Pr	Protected Person.							
						Iowa	Code § 633.	669(1)(c)
Gι	uard	lian states as follows:						
1.	Re	eporting period						
	Th	is report is for the period from: ${\mathit{Month}}$	/_ Day	<u>I</u> Year	_to_ Month	/	I Year	<u>-</u>
2.	Gı	uardian's information						
	Α.	Guardian's name:						
		Full name: first, middle, last						
	В.	Guardian is Protected Person's: Check	one					
		☐ Spouse						
		☐ Adult child						
		☐ Parent						
		☐ Adult sibling						
		☐ Other:						

Pre	otected Person's information					
A.	A. Protected Person's age:					
В.	Protected Person's highest education level a	attained:				
	☐ High school					
	☐ College or university					
	Other:					
C.	Does Protected Person have a Living Will?					
	☐ Yes ☐ No					
	If you checked Yes, complete (1)–(2).					
	(1) Do you have a copy of Protected Per	son's Living Will?				
	☐ Yes ☐ No					
	(2) Where is the Living Will located?					
	- Full name: first, middle, last					
	Mailing address					
	City	State	ZIP code			
	() Phone number	_				
	Email address	Additional email add	lress, if applicable			
D.	Does Protected Person have a Healthcare F	ower of Attorney?				
	☐ Yes ☐ No					
	If you checked Yes, complete (1)–(2).					
	(1) Who is serving as the agent (attorney	/-in-fact)?				
	Full name: first, middle, last					
	Mailing address					
	viating dadress					
	City	State	ZIP code			
	() Phone number	_				
	Email address	Additional email add	lress, if applicable			
	Continued on next	page				

## (2) Where is the Healthcare Power of Attorney located? Full name: first, middle, last Mailing address City State ZIP code Phone number Email address Additional email address, if applicable 4. Termination of guardianship The guardianship has been or should be terminated because: Check one ☐ Protected Person is deceased ☐ A different guardian was appointed ☐ Other reason: Check this box if you have attached a sheet with additional information. 5. Protected Person's residence and interaction with Guardian Does Protected Person currently live with Guardian? Check Yes or No below. ☐ Yes If you checked Yes, complete the next section. Describe Guardian's daily interaction with Protected Person during the reporting period: Check this box if you have attached a sheet with additional information. Continued on next page

.11—Form 5: Guardian's Final F	Report for Protected Perso	n, continued		
] No  If you checked No, comple	ata saatians (1) (4)			
(1) Protected Persor	n's current resider	ice:		
Mailing address				-
City		State	ZIP code	-
(2) Date Protected P	erson began livin	g at current re	sidence:	
	. 20			
Month	$Day$ , $20_{\underline{Year}}$ .			
(3) What types of co	ntacts did Guardia and how often? <i>CF</i>		Protected Person	n during the
☐ In person	and now onem: cr	еск ан таг арргу		
☐ Daily				
□ Weekly				
☐ Monthly				
☐ Mail, email, or				_
☐ Daily				
□ Weekly				
☐ Monthly				
_				_
☐ Phone				
☐ Daily				
☐ Weekly				
☐ Monthly				
☐ Other:				_
	contact:			
☐ Daily				
☐ Weekly				
☐ Monthly				
☐ Other:				_
	Continued o	n next page		

Rul	e 7.1	1—Form 5: Guardian's Final Report for Protected Pe	erson, continued	
		(4) Summarize the types of activities Guardian performed during the r		f Protected Person that
		Check this box if you have attached a sl	neet with additional inform	ation.
6.	Pre	rotected Person's expenses	•	
		Who will be paying Protected Perso guardianship? Check all that apply	n's expenses after tl	ne termination of this
		☐ Guardian		
		☐ Another guardian		
		☐ Spouse		
		☐ Adult sibling or siblings		
		☐ One or both of Protected Person'	s natural parents	
		☐ A court-appointed conservator		
		☐ Other:		
	В.	Information regarding payer of Prote	ected Person's expe	nses:
		Full name: first, middle, last		
		Mailing address		
		City	State	ZIP code
		()		
		Phone number		
		Email address	Additional email ad	dress if applicable

 $\textit{Rule 7.11} - \textit{Form 5: Guardian's Final Report for Protected Person}, \ continued$ 

#### 7. Protected Person's health

A.	Protected Person's physical health					
	Summarize Protected Person's medical health status during the reporting period, identifying any medical concerns that occurred:					
	Check this box if you have attached a sheet with additional information.					
В.	Protected Person's dental health					
	Summarize Protected Person's dental health status during the reporting period, identifying any dental concerns that occurred:					
	Check this box if you have attached a sheet with additional information.					
C.	Protected Person's mental health					
	Summarize Protected Person's mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred:					
	Check this box if you have attached a sheet with additional information.					

 $\textit{Rule 7.11} - \textit{Form 5: Guardian's Final Report for Protected Person}, \ continued$ 

	D.	Other health concerns						
		Summarize any other health care concerns related to Protected Person that occurred during the reporting period:						
		Check this box if you have attached a sheet with additional information.						
8.		otected Person's education, training, and other vocational services and apployment status						
	A.	Did Protected Person attend school during the reporting period?						
		☐ Yes ☐ No						
		If you checked Yes, complete (1)–(2).						
		(1) School information:						
		School name Protected Person attended						
		School mailing address						
		City State ZIP code						
		(2) Did Protected Person receive special education or related services during the reporting period?						
		☐ Yes ☐ No						
		If Yes, describe what services were received:						
		Check this box if you have attached a sheet with additional information.						

В.	Was Protected Person employed during the reporting period?							
	☐ Yes ☐ No							
	If you checked Yes, complete (1)–(3).							
	(1) Protected Person was employed:							
	☐ Full-time							
	☐ Part-time							
	☐ Other:							
	(2) Employer's information:							
	Employer's name							
	Employer's mailing address							
	City State ZIP code							
	(3) Describe Protected Person's employee duties:							
	$\square$ Check this box if you have attached a sheet with additional information.							
C.	Did Protected Person receive educational, training, or other vocational assistance during the reporting period?							
	☐ Yes ☐ No							
	If you checked Yes, complete the next section.							
	Describe the educational, training, and vocational assistance Protected Person received during the reporting period:							
	Check this box if you have attached a sheet with additional information.							
	Continued on next page							

9.	Other professional services
	Did Protected Person receive any professional services other than those listed above during the reporting period?
	☐ Yes ☐ No
	If Yes, describe the other professional services Protected Persons received during the reporting period:
	Check this box if you have attached a sheet with additional information.
10	Protected Person's social activities
	Did Protected Person require assistance with participation in social activities during the reporting period?
	☐ Yes ☐ No
	If Yes, describe how Guardian assisted Protected Person with participation in social activities:
	Check this box if you have attached a sheet with additional information.

# 11. Protected Person's contact with family members and other significant persons A. Did Protected Person interact with any family members (e.g., spouse, natural parents, adult children, and adult spouse) during the reporting period? ☐ Yes If you checked Yes, complete the following sections as appropriate. (1) Family member's name: Relationship to Protected Person: \_\_\_\_\_ Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions: Check this box if you have attached a sheet with additional information. (2) Family member's name: \_\_ Relationship to Protected Person: \_\_\_\_\_ Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions: Check this box if you have attached a sheet with additional information. Check this box if you have attached a sheet with additional family members.

/.1	1—r on	n 5. Guardan's Final Report for Froiectea Ferson, conduced
	□N	0
	Į,	f you checked No, complete the next section.
	E	Explain why:
	_	
	_	
	_	
	_	
		Check this box if you have attached a sheet with additional information.
В.		Protected Person interact with any other significant persons (e.g., friends, ner co-workers, and clergy) during the reporting period?
	ΠY	es
	Į	fyou checked Yes, complete the following sections as appropriate.
	(	1) Significant person's name:
		Relationship to Protected Person:
		Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:
		Check this box if you have attached a sheet with additional information.

Rule 7.11—Form 5:	Guardian's Final Report for Protected Person, continued
(2)	Significant person's name:
	Relationship to Protected Person:
	Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:
	Check this box if you have attached a sheet with additional information.
	Theck this box if you have attached a sheet with additional significant persons.
□No	
If yo	u checked No, complete the next section.
Ехр	olain why:
	theck this box if you have attached a sheet with additional information.

12. Additional information		
Additional information that may be useful in Protected Person's best interest:	for the court to	know in determining what is
Check this box if you have attached a sheet with add	hitional information	
13. Fees for Guardian Check one		
☐ Fees are applied for. Attach affidavit relative	to compensation (I	owa Code section 633.202).
☐ Fees are waived.		
14. Fees for Guardian's attorney Check one		
Fees should be set by the court. Attach a section 633.202).	ffidavit relative to c	ompensation (Iowa Code
☐ Fees are not requested.		
☐ Fees are waived or not applicable.		
15. Attorney Help Check one		
A.   An attorney did not help me prepar	e or fill in this p	aper.
B.   An attorney helped me prepare or to a second me prepare or to a s		
If you check <b>B</b> , you must fill in the following i	nformation:	
Name of attorney or organization, if any		
Business address of attorney or organization		
City	State	ZIP code
() Phone number	Fax number	
Email address	Additional email	l address, if applicable
Continued or	n next page	

Oath and s	ignature of	Guardia	an		
I, Print your na	те		, have re	ad this Final	Report, and I certify under
penalty of p have provid					of lowa that the information
		. 20			
Month	Day	Year	Signature*		
Mailing addres	s				
City				State	ZIP code
()_					
Phone number					

Rule 7.12 Conservatorships; forms mandatory for self-represented litigants. An individual serving as conservator for a conservatorship without attorney representation must use forms contained in this rule for required filings. An attorney may use these forms but is not required to do so.

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020]

#### Rule 7.12—Form 1: Protected Information Disclosure

• If information is abbreviated on other rule 7.12 forms, use this form to include the protected information in full.		
In the Iowa District Court fo	or County	
In the Matter of the Conservatorship of:	Probate no	
	Protected Information Disclosure	
Full name: first, middle, last	Trottodia information Discussion	
If the protected person is a minor, use initials only.		
Protected Person.		

When protected information, as defined in lowa Court 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 must 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 of Electronic Procedure, 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. Protected Person.** The person who is the subject of the conservatorship.

Provide the complete version of protected information and the redacted version included in documents you file					
Name					
	First	Middle	Last		

Protected information type	Complete information (See rules 16.602 and 16.604)	Redacted information (See rule 16.605)	
Protected Person's full name (if minor)	Full name	Initials only	
B. Social security number		Last four digits only	
C. Date of birth	/ mm/dd/yyyy	Year only	
D. Personal identification numbers (if no social security number)	Full number	Partial only	
E. Other unique identifying numbers	Full number	Partial only	
F.			
Additional protected information	Full information	Partial information	
G.			
Additional protected information	Full information	Partial information	

Rule 7.12—Form 1:	Protected In	formation Disclosure,	continued
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ſ	Н.		
L	Additional protected information	Full information	Partial information
	l.		
	Additional protected information	Full information	Partial information

Check this box if you are attaching a separate sheet listing additional information for Protected Person.

2. Petitioner. The person filing the petition for appointment of a conserv
--

Provide the complete version of protected information and the redacted version included in documents you file.

Protected information type	Complete in	formation	Redacted information	_
First	Middle	Last		
Name				

Protected information type	Complete information (See rules 16.602 and 16.604)	Redacted information (See rule 16.605)
A. Social security number		Last four digits only
B. Date of birth	/ / mm/dd/yyyy	Year only
C. Individual taxpayer identification numbers		Last four digits only
D. Personal identification numbers     (if no social security number)	Full rumber	Partial only
E. Other unique identifying numbers	Full number	Partial only
F.  Additional protected information	Full information	Partial information
G.		u u
Additional protected information	Full information	Partial information
H.		
Additional protected information	Full information	Partial information
I.		
Additional protected information	Full information	Partial information

Check this box if you are attaching a separate sheet listing additional information for Petitioner.

3. Parent. If requesting a conservatorship of a minor, the person who has legal custody of the minor.

Provide the complete version of protected information and the redacted version included in documents you file.

	4	31	,		, ,
Name					
	First		Middle	Last	

Protected information type	Complete information (See rules 16.602 and 16.604)	Redacted information (See rule 16.605)
A. Social security number		Last four digits only
B. Date of birth	/ / mm/dd/yyyy	Year only

Rule 7.12-Form 1: Protected Information Disclosure, continued

C.	Individual taxpayer identification numbers		Last four digits only
$\vdash$			
D.	Personal identification numbers (if no social security number)	Full number	Partial only
E.	Other unique identifying numbers	Full number	Partial only
F.			
	Additional protected information	Full information	Partial information
G.			
	Additional protected information	Full information	Partial information
Н.			
	Additional protected information	Full information	Partial information
I.			
	Additional protected information	Full information	Partial information

Check this box if you are attaching a separate sheet listing additional information for Parent.

 Additional Parent. If requesting a conservatorship of a minor, any other person who has legal custody of the minor.

ovide the complete version of protected inj	formation and the re	dacted version inci	luded in documents you file.
ame			
First	Middle	Last	
Protected information type	Complete in		Redacted information
	(See rules 16.602	and 16.604)	(See rule 16.605)

Protected information type	Complete information (See rules 16.602 and 16.604)	Redacted information (See rule 16.605)
A. Social security number		Last four digits only
B. Date of birth	/ / mm/dd/yyyy	Year only
C. Individual taxpayer identification numbers		Last four digits only
D. Personal identification numbers (if no social security number)	Full number	Partial only
E. Other unique identifying numbers	Full number	Partial only
F.  Additional protected information	Full information	Partial information
G. Additional protected information	Full information	Partial information
H.  Additional protected information	Full information	Partial information
l.  Additional protected information	Full information	Partial information

Check this box if you are attaching a separate sheet listing additional information for Additional Parent.

Rule 7.12-Form 1: Protected Information Disclosure, continued

Additional protected information

**5.** Proposed Conservator or Conservator. The proposed, or current, conservator of the protected person.

First	Middle	Last
Protected information type	Complete information (See rules 16.602 and 16.604)	
A. Social security number		Last four digits only
B. Date of birth	/ / mm/dd/yyyy	Year only
Individual taxpayer identification numbers		Last four digits only
D. Personal identification numbers (if no social security number)	Full number	Partial only
E. Other unique identifying numbers	Full number	Partial only
F.  Additional protected information	Full information	Partial information
G. Additional protected information	Full information	Partial information
H.  Additional protected information	Full information	Partial information

Partial information

**6.** Other Persons. Any other person with information redacted in the documents you file.

Provide the complete version of protected information and the redacted version included in documents you file.

Full information

Name			
	First	Middle	Last

Protected information type	Complete information (See rules 16.602 and 16.604)	Redacted information (See rule 16.605)
A. Social security number		Last four digits only
B. Date of birth	/ / mm/dd/yyyy	Year only
C. Individual taxpayer identification numbers		Last four digits only
D. Personal identification numbers     (if no social security number)	Full number	Partial only

Check this box if you are attaching a separate sheet listing additional information for Proposed Conseravtor or Conservator.

Rule 7.12—Form 1: Protected Information Disclosure, continued

E.	Other unique identifying numbers	Full number	Partial only
F.			
	Additional protected information	Full information	Partial information
G.			
	Additional protected information	Full information	Partial information
H.			
	Additional protected information	Full information	Partial information
I.			
	Additional protected information	Full information	Partial information

Check this box if you are attaching a separate sheet listing additional information for Other Person.

#### 7. Information provided by:

	/s/	
Printed name	Signature	
Law firm, if applicable		
Mailing address		
City	State	ZIP code
() Phone number		
Email address	Additional email o	address, if applicable
Month Day I	Year	

### Rule 7.12—Form 2: Background Check Information for a Proposed Conservator of a Protected Person

#### Instructions:

- Iowa Code section 633.564 requires the court to conduct a criminal records check and checks of the child abuse, dependent adult abuse, and sex offender registry for a proposed conservator of a protected person, and requires the proposed conservator to pay the background check fee (\$15.00). Note: The clerk of court will keep this information form confidential.
- Do not give copies of this form to anyone except the clerk of court or your attorney, if you have one.
- If there is no existing conservatorship approved by the court, file this form and a Petition to Establish a
  Conservatorship for a Protected Person with the clerk of court.

If you do not understand how to use this form, or if you are unsure whether you should use this form, talk to an attorney.

In the Iowa District Court fo			or	County
In the Matter	of the Conservatorsh	nip of:	Probate no	
Full name: first, mid If the protected pers Protected Pe	on is a minor, use initials only.			d Check Information for a onservator of a Protected Person
Concernators	states as follows:			Iowa Code § 633.564
	Conservator's perso	nal info	rmation	
-	t legal name	mai iiiic	ornation	
-	Full first name	(write "N	niddle name /A" if no middle name)	Full last name
B. Person	al identifying information	on		
	/ / of birth (month/day/year)			<u> </u>
Date o	of birth (month/day/year)		Gender	Social security number
nicknaı	er names ever used (in mes)	cluding	any other previo	us legal names and
Alternate name #1				
_	Full first name	(w	ıll middle name rite "N/A" if no middle name)	Full last name
Alternate name #2				
	Full first name	(w	ıll middle name rite "N/A" if no middle name)	Full last name
	Con	itinued o	on next page	
December 2019		Rule 7.12	:—Form 2	Page 1 of 2

Alternate name #3  Alternate name #4  Full first name  Full middle name  Full middle name  Full middle name  Full last name  Full na	Alternate name #3				
Alternate name #4  Full first name  Full middle name (write "NA" if no middle name)  Full first name  Full middle name (write "NA" if no middle name)  Alternate name #6  Full first name  Full middle name (write "NA" if no middle name)  Alternate name #7  Full first name  Full middle name (write "NA" if no middle name)  Alternate name #7  Full first name  Full middle name (write "NA" if no middle name)  Alternate name #8  Full first name  Full middle name (write "NA" if no middle name)  Full middle name (write "NA" if no middle name)  Full middle name (write "NA" if no middle name)  Full middle name (write "NA" if no middle name)  Certification and release authorization  Certification: I confirm that the information provided above is true and correct.  Release Authorization: I give permission for the court to conduct an lowa crimin history record check with the Division of Criminal Investigation (DCI). Any crimin history data concerning me maintained by the DCI may be released as allowed law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, a arrests without dispositions.  Signature of proposed conservator  Month Day Year	Harrie #5	Full first name	(write "N/A" if no	Full last na	me
Alternate name #5  Full first name (virte "N/A" if no middle name (virte "N/A" if no middle name)  Alternate name #6  Full first name Full middle name (virte "N/A" if no middle name)  Alternate name #6  Full first name Full middle name (virte "N/A" if no middle name)  Alternate name #7  Full first name Full middle name (virte "N/A" if no middle name)  Alternate name #7  Full first name Full middle name (virte "N/A" if no middle name)  Alternate name #8  Full first name Full middle name (virte "N/A" if no middle name)  Alternate name #9  Full first name Full middle name (virte "N/A" if no middle name)  Certification and release authorization  Certification: I confirm that the information provided above is true and correct.  Release Authorization: I give permission for the court to conduct an lowa crimin history data concerning me maintained by the DCI may be released as allowed law. I understand this can include information concerning cases expunged for court records, successful completion of the terms of a deferred judgment, if any, a arrests without dispositions.  Signature of proposed conservator Month Day Year					
Alternate name #5  Full first name  Full middle name (write "N/A" if no middle name (write "N/A" if no middle name)  Full first name  Full middle name  Full middle name (write "N/A" if no middle name (write "N/A" if no middle name)  Alternate name #7  Full first name  Full middle name (write "N/A" if no middle name)  Certification and release authorization  Certification: I confirm that the information provided above is true and correct.  Release Authorization: I give permission for the court to conduct an lowa crimin history record check with the Division of Criminal Investigation (DCI). Any crimin history data concerning me maintained by the DCI may be released as allowed law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, a arrests without dispositions.  Signature of proposed conservator  Month  Day  Year		Full first name	(write " $N/A$ " if no	Full last na	те
Alternate name #6  Full first name					
Alternate name #6  Full first name  Full middle name (write "M/A" if no middle name)  Full first name  Full first name  Full middle name (write "M/A" if no middle name)  Alternate name #8  Full first name  Full middle name (write "M/A" if no middle name (write "M/A" if no middle name)  Full first name  Full middle name (write "M/A" if no middle name (write "M/A" if no middle name)  Full first name  Full middle name (write "M/A" if no middle name (write "M/A" if no middle name)  Certification: I confirm that the information provided above is true and correct.  Release Authorization: I give permission for the court to conduct an lowa crimin history record check with the Division of Criminal Investigation (DCI). Any crimin history data concerning me maintained by the DCI may be released as allowed law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, a arrests without dispositions.  Signature of proposed conservator  Month  Day Year		Full first name	(write "N/A" if no	Full last na	те
Alternate name #7  Full first name (write "N/4" if no middle name (write "N/4" if no middle name)  Full first name (write "N/4" if no middle name (write "N/4" if no middle name)  Alternate name #8  Full first name Full middle name (write "N/4" if no middle name)  Full first name Full middle name (write "N/4" if no middle name)  Full first name (write "N/4" if no middle name)  Full middle name (write "N/4" if no middle name)  Certification and release authorization  Certification: I confirm that the information provided above is true and correct.  Release Authorization: I give permission for the court to conduct an lowa crimir history record check with the Division of Criminal Investigation (DCI). Any crimir history data concerning me maintained by the DCI may be released as allowed law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, a arrests without dispositions.  Signature of proposed conservator Month Day Year					
Alternate name #8  Full first name  Full middle name (write "N/A" if no middle name)  Full first name  Full middle name (write "N/A" if no middle name)  Full st name  Full last name  Full middle name (write "N/A" if no middle name)  Full first name  Full middle name (write "N/A" if no middle name)  Certification and release authorization  Certification: I confirm that the information provided above is true and correct.  Release Authorization: I give permission for the court to conduct an lowa crimir history record check with the Division of Criminal Investigation (DCI). Any crimir history data concerning me maintained by the DCI may be released as allowed law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, a arrests without dispositions.  Signature of proposed conservator  Month  Day Year	name #0	Full first name	(write "N/A" if no	Full last na	те
Alternate name #8  Full first name Full middle name (write "N/A" if no middle name)  Full first name Full middle name (write "N/A" if no middle name)  Full first name Full middle name (write "N/A" if no middle name)  Full first name Full middle name (write "N/A" if no middle name)  Full first name Full middle name (write "N/A" if no middle name)  Certification and release authorization  Certification: I confirm that the information provided above is true and correct.  Release Authorization: I give permission for the court to conduct an lowa crimin history record check with the Division of Criminal Investigation (DCI). Any crimin history data concerning me maintained by the DCI may be released as allowed law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, a arrests without dispositions.  Signature of proposed conservator Month Day Year					
Alternate name #9  Full first name Full middle name (write "NA" if no middle name)  Full first name Full middle name (write "NA" if no middle name)  Full first name Full middle name (write "NA" if no middle name)  Certification and release authorization  Certification: I confirm that the information provided above is true and correct.  Release Authorization: I give permission for the court to conduct an lowa crimin history record check with the Division of Criminal Investigation (DCI). Any crimin history data concerning me maintained by the DCI may be released as allowed law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, a arrests without dispositions.		Full first name	(write "N/A" if no	Full last na	те
Alternate name #9  Full first name   Full middle name (write "N/A" if no middle name)    Full first name   Full middle name (write "N/A" if no middle name)    Full first name   Full middle name (write "N/A" if no middle name)    Certification and release authorization  Certification:   confirm that the information provided above is true and correct.  Release Authorization:   give permission for the court to conduct an lowa crimin history record check with the Division of Criminal Investigation (DCI). Any crimin history data concerning me maintained by the DCI may be released as allowed law.   understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, a arrests without dispositions.  Signature of proposed conservator   Month   Day   Year   Year   Year   Month   Day   Year   Year   Year   Month   Day   Year   Year   Month   Day   Year					
Full first name  Full middle name (write "N/A" if no middle name)  Certification and release authorization  Certification: I confirm that the information provided above is true and correct.  Release Authorization: I give permission for the court to conduct an lowa crimin history record check with the Division of Criminal Investigation (DCI). Any crimin history data concerning me maintained by the DCI may be released as allowed law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, a arrests without dispositions.  Signature of proposed conservator Month Day Year	name #0	Full first name	(write "N/A" if no	Full last na	me
Full first name  Full middle name (write "N/A" if no middle name)  Certification and release authorization  Certification: I confirm that the information provided above is true and correct.  Release Authorization: I give permission for the court to conduct an lowa crimin history record check with the Division of Criminal Investigation (DCI). Any crimin history data concerning me maintained by the DCI may be released as allowed law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, a arrests without dispositions.   Signature of proposed conservator  Month  Day Year					
Certification: I confirm that the information provided above is true and correct.  Release Authorization: I give permission for the court to conduct an lowa crimin history record check with the Division of Criminal Investigation (DCI). Any crimin history data concerning me maintained by the DCI may be released as allowed law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, a arrests without dispositions.  Signature of proposed conservator Month Day Year	- Tiairie #3	Full first name	(write "N/A" if no	Full last na	те
Release Authorization: I give permission for the court to conduct an lowa crimin history record check with the Division of Criminal Investigation (DCI). Any crimin history data concerning me maintained by the DCI may be released as allowed law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, a arrests without dispositions.  Signature of proposed conservator Month Day Year	Certificati	on and release autho	rization		
history record check with the Division of Criminal Investigation (DCI). Any crimin history data concerning me maintained by the DCI may be released as allowed law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, a arrests without dispositions.  Signature of proposed conservator Month Day Year	Certificati	on: I confirm that the ir	nformation provided above	e is true and cor	rect.
	history rec history dat law. I und court recor	cord check with the Divite concerning me main lerstand this can inclured, successful comple	vision of Criminal Investi ntained by the DCI may b ude information concerni	gation (DCI). Ar pe released as a ng cases expu	ny crimir allowed nged fro
*Handwrite your signature on this form. Scan the form after signing it and file it electronically.	Signo	ature of proposed conservator	Month	Day	Year
	*Handwrite y	our signature on this form. Sco	an the form after signing it and fil	e it electronically.	
	ember 2019		Rule 7.12—Form 2		Page 2

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020]

### Rule 7.12—Form 3: Conservator's Request for Approval for Other Action on Behalf of Protected Person

In the Matter of the Conservatorship of: Conservator's Request for Approval for Other Action on Behalf of Protected Full name: first, middle, last Person If the protected person is a minor, use initials only. Protected Person. Iowa Code § 633.642 1. Requested actions \_\_\_, as Conservator of Name of Conservator or financial institution , request authorization from the court to Name of Protected Person or Initials of Protected Minor take the following action on behalf of Protected Person: Mark all that apply ☐ Invest Protected Person's assets consistent with Iowa Code section 633.123. ☐ Make gifts on Protected Person's behalf from conservatorship assets to persons or charitable, educational, religious, scientific, or other nonprofit organizations to whom or to which such gifts were regularly made prior to Conservator's appointment. ☐ Make gifts upon a showing that such gifts would benefit Protected Person from the perspective of gift, estate, inheritance, or other taxes. ☐ Make payments consistent with Conservator's Initial Plan or Amended Plan directly to Protected Person or to others for Protected Person's education and training needs. ☐ Use Protected Person's income or assets to provide support for any person Protected Person is legally obligated to support.

#### Continued on next page

conservatorship.

☐ Compromise, adjust, arbitrate, or settle any claim by or against Protected Person or Conservator due to Conservator's reasonable actions on behalf of the

If you need assistance to participate in court due to a disability, call the disability coordinator (information at <a href="https://www.iowacourts.gov/Administration/Directories/ADA\_Access/">www.iowacourts.gov/Administration/Directories/ADA\_Access/</a>). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** 

Rule	e 7.12—Form 3: Conservator's Request for Approval for Other Action on Behalf of Protected Person, continued
	☐ Exercise the right to disclaim on behalf of Protected Person as provided in Iowa Code section 633E.5.
	☐ Sell, mortgage, exchange, pledge, or lease Protected Person's real and personal property consistent with Iowa Code sections 633.383–.403 regarding sale of property from a decedent's estate.
	☐ Other action. Describe and explain below.
2.	Explanation of actions for which Conservator is seeking court approval
	Action:
	Describe action for which Conservator is seeking the court's approval.
	Explain how this action benefits Protected Person:
	Check this box if you have attached a sheet with additional information.
Γ	
	Action:  Describe action for which Conservator is seeking the court's approval.
	Explain how this action benefits Protected Person:
	•
	Check this box if you have attached a sheet with additional information.

 $\textit{Rule 7.12-Form 3: Conservator's Request for Approval for Other Action on Behalf of Protected Person, continued and the property of the protection of the Protected Person of the Perso$ 

	1: Describe action for which Conse	rvator is seeking the court's app	proval.
Expla	in how this action benefits I		
СХРІС		1 10.00.00 1 010011.	
Che	ck this box if you have attached a sh	neet with additional information.	
Action	n:		
	Describe action for which Conse		proval.
Expla	in how this action benefits	Protected Person:	
Che	ck this box if you have attached a sh	neet with additional information.	
] Check	this box if you have attached a shee		
Check	this box if you have attached a shee	et with additional requested action	ons.
Check Attor	this box if you have attached a shee  ney Help Check one  An attorney did not help me	et with additional requested action	ons.
Check	this box if you have attached a shee  ney Help Check one  An attorney did not help me  An attorney helped me prep	et with additional requested action prepare or fill in this paper are or fill in this paper.	ons.
Check Attor	this box if you have attached a shee  ney Help Check one  An attorney did not help me	et with additional requested action prepare or fill in this paper are or fill in this paper.	ons.
Check Attor	this box if you have attached a shee  ney Help Check one  An attorney did not help me  An attorney helped me prep	et with additional requested action prepare or fill in this paper are or fill in this paper.  The following information:	ons.
Check Attor	this box if you have attached a sheen ney Help Check one  An attorney did not help me An attorney helped me prepare if you check B, you must fill in the  Name of attorney or organization,	et with additional requested action prepare or fill in this paper are or fill in this paper.  The following information:  The fany	ons.
Check Attor	this box if you have attached a shee  ney Help Check one  An attorney did not help me  An attorney helped me preporty you check B, you must fill in the	et with additional requested action prepare or fill in this paper are or fill in this paper.  The following information:  The fany	ons.
Check Attor	this box if you have attached a sheen ney Help Check one  An attorney did not help me An attorney helped me prepare if you check B, you must fill in the  Name of attorney or organization,	et with additional requested action prepare or fill in this paper are or fill in this paper.  The following information:  The fany	ons.
Check Attor	this box if you have attached a sheen ney Help Check one  An attorney did not help me An attorney helped me prepared for the check B, you must fill in the Name of attorney or organization,  Business address of attorney or or City	prepare or fill in this paper are or fill in this paper. e following information: if any rganization  State	ons.
Check Attor	this box if you have attached a shee  ney Help Check one  An attorney did not help me An attorney helped me prep If you check B, you must fill in the  Name of attorney or organization,  Business address of attorney or or	prepare or fill in this paper are or fill in this paper.  are or fill in this paper.  a following information:  a if any  arganization	ons.

 $\textit{Rule 7.12-Form 3: Conservator's Request for Approval for Other Action on Behalf of Protected Person, continued and the property of the protection of the Protected Person of the Perso$ 

l,	, have read this Requ	est, and I certify under		
Print Conservator's name penalty of perjury and pursuant to the laws of the State of lowa that the information I have provided in this Request is true and correct.				
, 20				
Month Day	Year Signature*			
Name of financial institution, if appl	icable Conservator	's title, if applicable		
Mailing address				
City	State	ZIP code		
() Phone number				
1 none numoer				

#### Rule 7.12—Form 4: Notice of Filing Conservator's Initial Plan or Amended Plan

In the Iowa District Court fo	r County
In the Matter of the Conservatorship of:  Full name: first, middle, last If the protected person is a minor, use initials only.  Protected Person.	Probate no
	Iowa Code § 633.670(1)(b)
To:  Name of Protected Person  Name of Protected Person's Attorney (if applicable)  Name of Court Advisor (if applicable)  You are notified that  Name of Conservator or finance	
as conservator of	
☐ Initial Plan	
☐ Amended Plan	
on ${Month}$ , ${Day}$ , ${Year}$ .	

All initial plans or amended plans must outline Conservator's plan for protecting, managing, investing, expending, and distributing the assets of the conservatorship. The plan must be based on the needs of Protected Person and take into account the best interest of Protected Person as well as Protected Person's preference, values, and prior directions to the extent known to, or reasonably ascertainable by, Conservator.

#### Continued on next page

If you need assistance to participate in court due to a disability, call the disability coordinator (information at <a href="https://www.jowacourts.gov/Administration/Directories/ADA">www.jowacourts.gov/Administration/Directories/ADA</a> Access/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** 

Rule 7.12—Form 4: Notice of Filing Conservator's Initial Plan or Amended Plan, continued

At a minimum, all initial plans or amended plans must include:

- (1) A budget containing projected expenses and resources for Protected Person, including an estimate of the total amount of fees Conservator anticipates charging per year and a statement or list of the amount Conservator proposes to charge for each service Conservator anticipates providing to Protected Person.
- (2) A statement as to how Conservator will involve Protected Person in decisions about management of conservatorship assets.
- (3) If ordered by the court, any steps Conservator plans to take to develop or restore the ability of Protected Person to manage conservatorship assets.
- (4) An estimate of the duration of the conservatorship.

A copy of the filed plan is included with this notice.

Any person entitled to a copy of the plan must file any objections to the plan not later than fifteen days after it is filed.

		, 20				
Month	Day	Year	Signature			
Conservator's p	rinted name					
Name of financi	al institution, if	applicable	•	Conservator's title	, if applicable	
Mailing address	7					
City				State	ZIP code	
() Phone number						
Email address				Additional email a	ddress, if applicable	

#### Instructions:

- Conservator must complete, sign, and file this form with the court within ninety (90) days of appointment, when there
  has been a significant change in circumstances, or when Conservator seeks to deviate significantly from an approved
  plan.
- Within two (2) days of filing this form, Conservator must provide notice of filing (Rule 7.12—Form 4: Notice of Filing
  of Conservator's Initial Plan or Amended Plan) and a copy of this form to Protected Person, Protected Person's
  attorney and court advisor, if any, and others as the court directs.
- Do not include protected information on this form. For protected information, complete Rule 7.12—Form 1: Protected Information Disclosure.
- The purpose of the Initial Plan is to provide the court with a complete picture of Protected Person's current situation, Protected Person's needs, and Conservator's plan to meet those needs.
- Provide as much detailed information as possible.

for County
Probate no  Conservator's Check one
☐ Amended Plan
Iowa Code § 633.670(1)(a), (e)

#### Continued on next page

If you need assistance to participate in court due to a disability, call the disability coordinator (information at <a href="https://www.iowacourts.gov/Administration/Directories/ADA">www.iowacourts.gov/Administration/Directories/ADA</a> Access/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** 

۱. P	Protected Person's age:	·		
. R	Reason for conservatorship:			
_				
_				
-				
-				
	Check this box if you have attached a sh	eet with additional infor	mation.	
). P	Protected Person's residence:			
$\overline{M}$	Mailing address			
<u>-</u>	`ity	State	ZIP code	
		State	221 0000	
). (	Guardianship: Check one			
	Protected Person does not have	ave a guardian or g	guardianship	
	_	-		
	☐ Protected Person does not had Protected Person has a nature	-		
	_	al guardian (legal		
	Protected Person has a natur  Full name of natural guardian: first, m	al guardian (legal		
	Protected Person has a natur	al guardian (legal		
	Protected Person has a natur  Full name of natural guardian: first, m	al guardian (legal		ZIP code
	Protected Person has a natur  Full name of natural guardian: first, m  Mailing address  City  ()	ral guardian (legal		
	Full name of natural guardian: first, m	ral guardian (legal		
	Protected Person has a natur  Full name of natural guardian: first, m  Mailing address  City  ()	ral guardian (legal	parent):	ZIP code
	Protected Person has a natur  Full name of natural guardian: first, m  Mailing address  City  () Phone number  Email address	ral guardian (legal niddle, last  State	parent):	ZIP code
	Protected Person has a natur  Full name of natural guardian: first, m  Mailing address  City  () Phone number  Email address  Protected Person has a court	ral guardian (legal siddle, last  State  Additionarian	parent):	ZIP code
	Protected Person has a natur  Full name of natural guardian: first, m  Mailing address  City  () Phone number  Email address	ral guardian (legal siddle, last  State  Additionarian	parent):	ZIP code
	Protected Person has a natur  Full name of natural guardian: first, m  Mailing address  City  () Phone number  Email address  Protected Person has a court	ral guardian (legal siddle, last  State  Additionarian	parent):	ZIP code
	Protected Person has a natur  Full name of natural guardian: first, m  Mailing address  City  () Phone number  Email address  Protected Person has a court  Full name of court-appointed guardian  Mailing address	ral guardian (legal niddle, last  State  Additional appointed guardian: first, middle, last	parent):	ZIP code
	Protected Person has a natur  Full name of natural guardian: first, m  Mailing address  City  () Phone number  Email address  Protected Person has a court  Full name of court-appointed guardian	ral guardian (legal siddle, last  State  Additionarian	parent):	ZIP code
	Protected Person has a natur  Full name of natural guardian: first, m  Mailing address  City  () Phone number  Email address  Protected Person has a court  Full name of court-appointed guardian  Mailing address	ral guardian (legal niddle, last  State  Additional appointed guardian: first, middle, last	parent):	ZIP code
	Protected Person has a natur  Full name of natural guardian: first, m  Mailing address  City  () Phone number  Email address  Protected Person has a court  Full name of court-appointed guardian  Mailing address  City  ()	ral guardian (legal niddle, last  State  Additional Additional Street State  State  State	parent):	ZIP code  g if applicable

Ε.	Does Protected Person have a valid Du	rable Financial P	ower of Attorney?
	☐ Yes File a copy of the power of attorney as an a	attachment to this form	
	□No		
F.	Does Protected Person have a Last Wil	l and Testament?	
	☐ Yes ☐ No		
	If you checked Yes, complete the next section.		
	Has the original Last Will and Testar	ment been filed w	ith the clerk of court?
		ounty,	
	Name of county	Name of state	
	$\square$ No, the following person has a co	py of the Last Wi	I and Testament:
	T. II	_	
	Full name: first, middle, last/business name	?	
	Mailing address		
	City	State	ZIP code
	()		
	Phone number		
	Email address	Additional email	address, if applicable
G.	Does Protected Person have a prepaid	funeral plan or pi	epaid funeral trust?
	☐ Yes File a copy of the contract plan or trust as	an attachment to this f	orm.
	□ No		

### 3. Annual budget

#### A. Income sources

Estimate the amount of each source of income Protected Person receives.

\*How often is income received?

W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

	In	come
Income sources for Protected Person	How often received?*  W,B,M,T	Amount
(1) Wages from employer		
Employer name:		\$
Job title:		
(2) Wages from employer		
Employer name:		\$
Job title:		
(3) Unemployment assistance		\$
(4) Family Investment Program		\$
(5) Social Security		\$
(6) Other		\$
Identify: (7) Other		
Identify:		\$
(8) Other  Identify:		\$
(9) Totals from attached sheets, if any		
Check this box if you have attached a sheet with additional		\$
information on Protected Person's income sources.		
Total		\$
Total estimated annual income for Protected Person		

### B. Debts and liabilities

Estimate the amount of each debt or liability Protected Person owes.

\*How often are debts and liabilities paid?  $W=\textit{Weekly B}=\textit{Bi-weekly (every other week)} \ M=\textit{Monthly T}=\textit{Two times a month}$ 

	Debts and liabilities		
Debts and liabilities of Protected Person	How often paid?*  W,B,M,T	Amount	
(1) Mortgage		\$	
(2) Car loan payments		\$	

Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan, continued

(3) C	(3) Credit card debt \$				
1 ' '	Other  Identify:				
(5) O	ther lentify:	\$			
(6) O	ther lentify:	\$			
Ch	otals from attached sheets, if any eck this box if you have attached a sheet with additional formation on Protected Person's debts and liabilities.	\$			
Total e Person	estimated annual debts and liabilities for Protected	\$			
ls any	other person jointly liable for all or part of any listed debt of	or liability?			
□Yes	s 🗆 No				
If you c	hecked <b>Yes</b> , complete the next section.				
Debt:					
	Description of jointly owed debt or liability				
a.	Person jointly liable:				
	Full name: first, middle, last				
b.	Above person's relationship to Protected Person:				
		e relationship			
C.	Payment amount (if any):  Identify payment amount and how ofter	n it is paid			
d.	Source of navments (if any):	•			
	Identify sources of payment for deb	t or liability			
Debt:	Description of jointly owed debt or liability				
_					
a.	Person jointly liable:				
	Full name: first, middle, last				
b.	Above person's relationship to Protected Person:	1 1.			
C.	Payment amount (if any):	pe relationship			
-1	Identify payment amount and how often	n it is paid			
d.	Source of payments (if any):	t or liability			
	two may sources of payment for deor or maditury				
	Continued on next page				

Debt:	. Conservator's Initial Filan or Amenaea Filan, Collumbed
	Description of jointly owed debt or liability
a.	Person jointly liable:
	Full name: first, middle, last
b.	Above person's relationship to Protected Person:  Describe relationship
C.	Payment amount (if any):
d.	Source of payments (if any):  Identify sources of payment for debt or liability
☐ Chec	ck this box if you have attached a sheet with additional debts or liabilities.
Are ar	ny of the listed debts or liabilities owed by Protected Person to Conservator?
□Yes	s □ No
If you c	hecked Yes, complete the next section.
Debt:	
	Description of debt or liability owed by Protected Person to Conservator
a.	Amount: \$  Total amount of debt or liability
b.	Current balance: \$
•	Source of payments (if any):
0.	Identify sources of payment for debt or liability
Debt:	
_	Description of debt or liability owed by Protected Person to Conservator
a.	Amount: \$  Total amount of debt or liability
b.	Current balance: \$
C.	Source of payments (if any):
□ Chec	ck this box if you have attached a sheet with additional information.

### C. Monthly or annual budget

 $Complete\ a\ monthly\ or\ annual\ budget\ for\ Protected\ Person.$ 

Type of expense	Amount estimated  Check one  ☐ monthly ☐ annual
(1) House payment or rent	\$
(2) Food At home and restaurants	\$
(3) Transportation (gas, bus fare) Not car loan payments – see (14).	\$
(4) Clothing	\$
(5) Medical, dental  Not health insurance payments – see (10).	\$
(6) Utilities (gas, electric, water)	\$
(7) Phone	\$
(8) Cable / satellite television / internet	\$
(9) Car insurance payment	\$
(10) Health insurance payment	\$
(11) Transportation	\$
(12) Educational or vocational training expenses	\$
(13) Credit card payments	\$
(14) Car loan payments	\$
(15) Other loan payments	\$
(16) Other expense Identify:	\$
(17) Other expense  Identify:	\$
(18) Other expense  Identify:	\$

		Other exp <i>dentify:</i>	ense			\$
				ets, if any ttached a sheet with add	litional information	\$
	Total		r annual budgete	ed expenditures		\$
Co	nserva	atorshi	p checking	and savings ac	count	-
A.	Is ther	e a con	servatorship	checking acco	unt?	
	□Yes	s □ No	)			
	If you ch	necked <b>Y</b>	es, complete sec	ctions (1) and (2), ot	herwise skip to <b>B</b> .	
	(1)	Is the	checking acc	count interest-be	aring?	
		□Yes	□ No			
	(2)	Location	on of conser	vatorship checkii	ng account:	
		Name of	financial institu	ution		
		Mailing	address			
		City			State	ZIP code
			The partial	account number	is:	count number
R	Is ther	re a con	servatorshir	o <b>savings</b> accou		count rumoer
٥.		s □ No	-	o ou ringo accou		
	If you ch	necked <b>Y</b>	es, complete the	e next section.		
	Locati	on of co	onservatorsh	nip savings accou	unt:	
	Name oj	f financial	institution			
	Mailing	address				
	City				State	ZIP code
		The pa	rtial accoun	t number is:	t 4 digits of account m	umbar
				Lus	i 4 aigus oj accouni ni	imoer
				Continued on ne	xt page	

١.	Conservatorship services and fees		
	Will Conservator be charging for services provided to Protect	ed Person?	
	☐ Yes ☐ No		
	If you checked Yes, complete the next section, otherwise skip to <b>6</b> .		
	Conservatorship service	Check one ☐ hourly ☐ monthly	
	(1)	\$	
	(2)	\$	
(3)			
	(4)	\$	
	Check this box if you have attached a sheet with additional information	\$	
		\$	
<b>3</b> .	Asset management plan		
		r will manage and	
	Asset (1)		
	Will Conservator be charging for services provided to Protected Person?    Yes		
l	Check this box if you have attached a sheet with additional information.		
	Continued on next page		

Asset:	
Desc	cription of asset
Plan for n	nanagement of this asset:
Check thi	is box if you have attached a sheet with additional information.
Asset (3)	
Asset:	
Desc	cription of asset
Plan for n	nanagement of this asset:
Check thi	is box if you have attached a sheet with additional information.
Asset (4)	
Asset:	
	cription of asset
Plan for n	
i idii ioi ii	nanadement of this asset.
	nanagement of this asset:
	is box if you have attached a sheet with additional information.
	is box if you have attached a sheet with additional information.
	is box if you have attached a sheet with additional information.

<b>7</b> .	Involvement of Protected Person
	State how Conservator will involve Protected Person in decisions about the management of the conservatorship's assets:
	Check this box if you have attached a sheet with additional information.
8.	Restoration of Protected Person to management of conservatorship assets
	If ordered by the court, state the steps Conservator plans to take to develop or restore the ability of Protected Person to manage the conservatorship assets:
	Check this box if you have attached a sheet with additional information.
9.	Duration of conservatorship
	How long is the conservatorship estimated to last? Explain
	Check this box if you have attached a sheet with additional information.
	Continued on next page

10	.Ad	lditional information
		ditional information that may be useful for the court to determine what is in otected Person's best interest:
		Check this box if you have attached a sheet with additional information.
11	.Re	equest for approval of proposed budget and general conservatorship powers
	Со	onservator requests that the court approve the following: Check only those that apply
		Conservator's proposed budget for Protected Person.
		Authority to apply for and receive Protected Person's income (see 3(A)).
		Authority to use conservatorship income and assets for payment of debts and liabilities (see $3(B)$ ).
		Authority to use conservatorship income and assets for payment of expenses in accordance with the proposed monthly or annual budget (see $3(C)$ ).
		Authority to use conservatorship income and assets for payment of conservatorship services and fees (see 5).
		Authority to manage Protected Person's assets in accordance with the proposed asset management plan (see $\bf 6$ ).
		Authority to use conservatorship income and assets for payment of attorney fees and other professional fees related to administration of the conservatorship.
		Authority to use conservatorship income and assets for payment of Protected Person's miscellaneous expenses not to exceed \$ per month without further order of the court.
		Authority to file Protected Person's federal and state income tax returns and pay Protected Person's income taxes and local property taxes from conservatorship income and assets.
	Noi Req	te: If additional conservatorship powers are necessary, complete and file Rule 7.12—Form 3: Conservator's quest for Approval for Other Action on Behalf of Protected Person.
12		es for Conservator eck one
		Fees are applied for. Attach affidavit relative to compensation (Iowa Code section 633.202).
		Fees are waived.
		Continued on next page

13. Fees Check o	for Conservator's	attorn	ey			
	es should be set by on 633.202).	the co	urt. Attach af	fidavit relative to co	ompensation (Iowa Co	ode
□Fee	s are not requeste	ed.				
□Fee	s are waived or no	ot applic	able.			
14. Attori	ney Help Check one					
A. 🗆	An attorney did n	ot help r	ne prepare	or fill in this p	aper.	
В. 🗆	An attorney helpe If you check B, you mu		-			
	Name of attorney or or	ganization	, if any			
	Business address of att	orney or o	rganization			
	City			State	ZIP code	
	Phone number			Fax number		
	Email address			Additional email	address, if applicable	?
certify inform	Conservator's name under penalty of pation I have provide information permited.	ded in th				
Month	Day	20	Signature*			
	f financial institution, if		Ü	Conservator's tit	tle, if applicable	
Mailing	address					
City	`			State	ZIP cod	de
( Phone n	) umber					
Email a	ddress			Additional email	address, if applicable	?
*Handw	rite your signature on t	his form. S	can the form (	after signing it and	file it electronically.	
December 2	019		Rule 7.12—	Form 5		Page 13 of 13

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020]

#### **Instructions:**

- Conservators must complete, sign, and file this form with the court within ninety (90) days of appointment. Once the
  conservatorship is approved, Conservators must also file this form with all Conservator's Annual Reports and Final
  Reports, identifying Protected Person's assets at the close of the reporting period.
- The purpose of the Inventory is to provide the court with a complete picture of Protected Person's current assets.
- Copies of this Inventory must be provided to Protected Person, Protected Person's attorney and court advisor, if any, and others as the court directs.

In the Iowa District Court fo	or County
In the Matter of the Conservatorship of:	Probate no
Full name: first, middle, last	Inventory of Assets of Protected Person
If the protected person is a minor, use initials only.	
Protected Person.	
	Iowa Code § 633.670(2

Conservator states as follows:

#### 1. Protected Person's assets

Protected Person owns the following assets:

#### A. Real estate

Type of real estate	Jointly owned? Check box if jointly owned.	Market value What it would sell for	Debt Total amount owed on debt and to whom owed	Net value Market value minus debt owed
(1) Homestead Address		\$	\$ to:	69
(2) Other real estate Address		\$	\$ to:	\$

 $<sup>\</sup>$  Check this box if you have attached a sheet with additional information.

#### Continued on next page

If you need assistance to participate in court due to a disability, call the disability coordinator (information at <a href="https://www.iowacourts.gov/Administration/Directories/ADA\_Access/">www.iowacourts.gov/Administration/Directories/ADA\_Access/</a>). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** 

### B. Vehicles Includes cars, trucks, motorcycles, and other motorized vehicles.

Vehicles Make (e.g., Ford) Year	Jointly owned? Check box if jointly owned	Market value What it would sell for	Debt Total amount owed on debt and to whom owed	Net Value Market value minus debt owed
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

 $<sup>\</sup>square$  Check this box if you have attached a sheet with additional information.

# C. Securities, stocks, & bonds

Securities, stocks, & bonds Company name	Jointly owned? Check box if jointly owned	Market value What it would sell for	Debt Total amount owed on debt and to whom owed	Net value Market value minus debt owed
(1)		\$	to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

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

### D. Life insurance

Life insurance Company name	Jointly owned? Check box if jointly owned	<b>Cash value</b> Not death benefit	Loan from cash value Total amount still owed on loan	Cash value Minus loan owed	
(1)		\$	\$	\$	
(2)		\$	\$	\$	
(3)		\$	\$	\$	

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

### E. Bank accounts

Checking & savings accounts Bank or Credit Union name If you do not use bank accounts, write "Cash"	Jointly owned? Check box if jointly owned	Cash value	Personal loans or overdraft accounts Total amount still owed, if any	Net value Cash value minus loan / overdraft owed	
(1)		\$	\$	\$	
(2)		\$	\$	\$	
(3)		\$	\$	\$	

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

### F. Household

Household contents Describe	Jointly owned? Check box if jointly owned	<b>Market value</b> What it would sell for	Debt Total amount owed on debt and to whom owed	Net value Market value minus debt owed
(1) Furniture a.		\$	\$ to:	\$
b.		\$	\$ to:	\$
C.		\$	\$ to:	\$
d.		\$	\$ to:	\$

Rule 7.12-Form 6: Inventory of Assets of Protected Person, continued

(2) Appliances / Electronics a.	\$	to:	\$
b.	\$	\$ to:	\$
C.	\$	\$ to:	\$
d.	\$	\$ to:	\$
(3) Other contents a.	\$	\$ to:	\$
b.	\$	\$ to:	\$
c.	\$	\$ to:	\$

### G. Retirement assets

Retirement assets Examples: Pensions, IRAs, 401(k)s, annuities, etc.	Jointly owned? Check box if jointly owned	Market value What it would sell for	Loan from retirement account Total amount still owed, if any and to whom owed	Net value Market value minus loan owed
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

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

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

H. Other assets Items not listed in the other boxes should be listed here. For example: jewelry, furs, guns, sporting goods, farm animals.

1 00 75							
Other assets  Describe	Jointly owned? Check box if jointly owned	Market value What it would sell for	Debt Total amount owed on debt and to whom owed	Net value Market value minus debt owed			
(1)		\$	\$ to:	\$			
(2)		\$	\$ to:	\$			
(3)		\$	\$ to:	\$			
Check this box if you have attached a sheet with additional information.  I. Totals							
(1) Total from attached sheets L	isted in 1A-	Н.		\$			
(2) Total net value of assets L	isted in 1A-	H.		\$			
J. Jointly owned assets							
For each jointly owned as	set, ident	ify:					
Asset:	uma d agast						
a. Person responsible		nagement of as	seat:				
a. Terson responsible	ie ioi iliai	lagement of as					
Full name: first, middle	, last						
b. Person responsible	le for pay	ments (if any):					
Full name: first, middle	, last						
c. Payment amount	(if any):	lantify nanmant and	ount and how often it is pa	id			
d. Source of paymer		):					
	Identify sources of payment for asset						

Asset:	
	Description of jointly owned asset
a.	Person responsible for management of asset:
	Full name: first, middle, last
b.	Person responsible for payments (if any):
	Full name: first, middle, last
C.	Payment amount (if any):
	Identify payment amount and how often it is paid
d.	Source of payments (if any):
	Identify sources of payment for asset
Asset:	
, 10001.	Description of jointly owned asset
a.	Person responsible for management of asset:
	Full name: first, middle, last
b.	Person responsible for payments (if any):
	Full and Contact and All and
	Full name: first, middle, last
C.	Payment amount (if any):
	Identify payment amount and how often it is paid
d.	Source of payments (if any):
	Identify sources of payment for asset
$\square$ Chec	k this box if you have attached a sheet with additional jointly owned assets.

### 2. Other assets

A. Provide a complete list of Protected Person's assets **not transferred** into conservatorship's name.

	Other assets Describe		Market value What it would sell for	Debt Total amount owed on debt and to whom owed	Net value Market value minus debt owed	
(1)			\$	\$ to:	\$	
(2)			\$	\$ to:	\$	
(3)			\$	\$ to:	\$	
(4)			\$	\$ to:	\$	
(5)			\$	\$ to:	\$	
(6)			\$	\$ to:	\$	
	Check this box if you have attached a sheet with additional information.  For each jointly owned asset, identify:  Asset:					
a.	Description of jointly ow Person responsible	e for mana	gement of as	sset:		
b.	Full name: first, middle, last  Person responsible for payments (if any):					
	Full name: first, middle,					
C.	Payment amount (	if any): <i>Iden</i>	tify payment amo	unt and how often it is pai	đ	
d.	Source of payment	ts (if any):_ I	dentify sources of	f payment for asset		

Asset:	
	Description of jointly owned asset
a.	Person responsible for management of asset:
	Full name: first, middle, last
b.	Person responsible for payments (if any):
	Full name: first, middle, last
C.	Payment amount (if any):
	Payment amount (if any):  Identify payment amount and how often it is paid
d.	Source of payments (if any):
	Identify sources of payment for asset
Asset:	
	Description of jointly owned asset
a.	Person responsible for management of asset:
	Full name: first, middle, last
b.	Person responsible for payments (if any):
	Full name: first, middle, last
C.	Payment amount (if any):
٠.	Identify payment amount and how often it is paid
d	Source of payments (if any):
۵.	Identify sources of payment for asset
Chec	k this box if you have attached a sheet with additional jointly owned assets.

B. Provide a complete list of any assets **not owned solely** by Protected Person that will be transferred into conservatorship's name.

Other assets Describe	Market value What it would sell for	Debt Total amount owed on debt and to whom owed	Net value Market value minus debt owed
(1)	\$	\$ to:	\$
(2)	\$	\$ to:	\$
(3)	\$	\$ to:	\$
(4)	\$	\$ to:	\$
(5)	\$	\$ to:	\$
(6)	\$	\$ to:	\$

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

3.	Attorney	dleH v	Check one

Δ	П	Δn	attornev	did not	heln	me	nrenare	or fill	in this	naner
м.	1 1	ΑH	alloniev	ala Hoi	. Heib	ше	Diebale	OI IIII	IIII LIIIS	s babei.

B. [		An	attorney	y neiped	me	prepare	or	tiii in	tnis	pap	е
------	--	----	----------	----------	----	---------	----	---------	------	-----	---

If you check B, you must fill in the following information:

Name of attorney or organizati	on, if any	
Business address of attorney or	organization	
City	State	ZIP code
() Phone number	Fax number	
Email address		l address, if applicable

					, and I certify under
	ded in this Inv				lowa that the information and accurate as far as
		20			
Month	Day	Year	Signature*		
Mailing addre	? SS			State	ZIP code
()_ Phone numbe	r				
Pnone numbe				Additional amail a	11 :0 1:11
Email address	2			Additional email a	iddress, if applicable

to the court on demand.

#### Rule 7.12—Form 7: Conservator's Annual Report

#### Instructions:

- Conservators must complete, sign, and file this form on an annual basis within sixty (60) days of the close of the reporting period.
- Once filed, Conservator must serve a copy of this Annual Report on Protected Person, Protected Person's attorney and court advisor, if any, and others as the court directs.
- Do not include protected information on this form. For protected information, complete Rule 7.12—Form 1: Protected Information Disclosure.
- The purpose of this Annual Report is to provide the court with the current financial situation of the conservatorship and
  an accounting of important transactions that occurred during the reporting period. The Annual Report is also an
  opportunity to advise the court of any anticipated needs of Protected Person arising during the upcoming year and
  obtain court approval to meet those needs.
- Provide as much detailed information as possible. Do not include responses such as "same as last report" or "no change since last report."

	In the Iowa District Court fo	orCounty
ln	the Matter of the Conservatorship of:	Probate no
If t	Il name: first, middle, last the protected person is a minor, use initials only. Totected Person.	Conservator's Annual Report
_		Iowa Code § 633.670(3)
Co	onservator states as follows:	
1.	Reporting period	
	This report is for the period from: $\underline{\qquad\qquad}$ $\underline{\qquad\qquad}$ $\underline{\qquad\qquad}$ $\underline{\qquad\qquad}$ $\underline{\qquad\qquad}$ $\underline{\qquad\qquad}$ $\underline{\qquad\qquad}$	lltoll Day Year Month Day Year
2.	Conservator's information	
	A. Conservator's name:	
	Name of Conservator or financial institution	
	B. Conservator is Protected Person's: Check one	
	☐ Spouse	
	☐ Adult child	
	☐ Parent	
	☐ Adult sibling	
	☐ Financial institution	
	☐ Other:	
	Continued	on next page

Continued on next page

If you need assistance to participate in court due to a disability, call the disability coordinator (information at <a href="https://www.iowacourts.gov/Administration/Directories/ADA">www.iowacourts.gov/Administration/Directories/ADA</a> Access/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** 

Rule 7.12—Form 7: Conservator's Annual Report, continued

3.

rc	otected I	Person's information	'•	
٩.	Protecte	d Person's age:		
3.	Reason	for conservatorship:		
	Check to	his box if you have attached	a sheet with additional information.	
٥.	Protecte	d Person's residence	:	
	Mailing ad	dress		
	City		State	ZIP code
		12		
	Guardia	nship: Check one		
		•	t have a guardian or guardi	ianship.
	☐ Prote	ected Person does no	t have a guardian or guardi	-
	☐ Prote	ected Person does no	t have a guardian or guardi atural guardian (legal paren	-
	☐ Prote	ected Person does no	atural guardian (legal paren	-
	☐ Prote	ected Person does no ected Person has a na	atural guardian (legal paren	-
	☐ Prote	ected Person does no ected Person has a na ame of natural guardian: fir:	atural guardian (legal paren	-
	☐ Prote ☐ Prote ☐ Full no ☐ Mailin ☐ City ☐ ☐	ected Person does no ected Person has a na ame of natural guardian: fir: g address	atural guardian (legal paren	nt):
	☐ Prote ☐ Prote ☐ Full no ☐ Mailin ☐ City ☐ ☐	ected Person does no ected Person has a na ame of natural guardian: fir:	atural guardian (legal paren	nt):
	☐ Prote ☐ Prote ☐ Full no ☐ Mailin ☐ City ☐ Phone	ected Person does no ected Person has a na ame of natural guardian: fir: g address	atural guardian (legal paren	nt):
	Protes Full no Mailin City Phone	ected Person does no ected Person has a na marke of natural guardian: firming address	atural guardian (legal paren	ZIP code
	☐ Prote ☐ Prote ☐ Full no ☐ Mailin ☐ City ☐ Phone ☐ Email ☐ Prote	ected Person does no ected Person has a na marke of natural guardian: firming address	st, middle, last  State  Additional email	ZIP code
	☐ Prote ☐ Prote ☐ Full no ☐ Mailin ☐ City ☐ Phone ☐ Email ☐ Prote ☐ Full no	ected Person does no ected Person has a natural guardian: first g address  ) number address ected Person has a coefficient of the person has a coefficient of	st, middle, last  State  Additional email	ZIP code
	☐ Prote ☐ Prote ☐ Full no ☐ Mailin ☐ City ☐ Phone ☐ Email ☐ Prote ☐ Full no	ected Person does no ected Person has a na marke of natural guardian: first g address	st, middle, last  State  Additional email	ZIP code
	☐ Prote ☐ Prote ☐ Full no ☐ City ☐ Phone ☐ Full no ☐ Full no ☐ City ☐ C	ected Person does no ected Person has a natural guardian: first gaddress  or address ected Person has a comme of court-appointed guardian gaddress  gaddress  gaddress	st, middle, last  State  Additional email ourt-appointed guardian:	ZIP code
	☐ Prote ☐ Prote ☐ Full no ☐ City ☐ Phone ☐ Full no ☐ Full no ☐ City ☐ C	ected Person does no ected Person has a na marke of natural guardian: first g address	st, middle, last  State  Additional email ourt-appointed guardian:	ZIP code

Rule 7.12—Form 7: Conservator's Annual Report, continued

E. Does Protected Person have a valid Durable Financial Power of Attorney?

Yes File a copy of the power of attorney as an attachment to this form.

	☐ Yes File a copy of the power of attorney a	s an attachment to this form.	
	□No		
F.	Does Protected Person have a Last	Will and Testament?	
	☐Yes ☐No		
	If you checked Yes, complete the next sec	tion.	
	Has the original Last Will and Te	stament been filed wit	h the clerk of court?
	☐ Yes, in	_ County,	
	·	·	
	☐ No, the following person has a	a copy of the Last Will	and Testament:
	Full name: first, middle, last/business	name	
	Mailing address		
	City	State	ZIP code
	()		
	Phone number		
	Email address	Additional email o	address, if applicable
G.	. Does Protected Person have a prep	aid funeral plan or fun	eral trust:
	Yes File a copy of the contract plan or tru	st as an attachment to this for	rm.
	□No		
Н.	Protected Person's health during re	porting period	
	(1) Summarize Protected Person's production identifying any physical concerns or ongoing:		
	Check this box if you have attached a sk	neet with additional informati	on.
	Continued	l on next page	

Rule 7.12—Form 7: Conservator's Annual Report, continued

	(	<ol> <li>Summarize Protected Person's mental hea identifying any mental, cognitive, behavior occurred and if the concern is resolved or</li> </ol>	al, or emotional	
		Check this box if you have attached a sheet with add	-	
	(	Summarize any other health care concerns     occurred during the reporting period and if		
		Check this box if you have attached a sheet with additional control of the contro	itional information.	
4.	Con	servatorship assets		
		Fotal value of conservatorship assets at close eporting period:	of <b>prior</b>	\$
		Fotal value of conservatorship assets at close eporting period:	of this	\$
		plete and file with this form Rule 7.12—Form 6: Inventory ected Person's assets at the close of this reporting period.	of Assets of Protected	Person detailing
5.	Con	servatorship income and expenditures		
		Bank statements, checks, receipts, stubs, and other items eailable to the court on demand.	videncing receipt of f	unds and payment must
	А. Т	otal funds on hand at close of <b>prior</b> reporting	g period:	\$
	B. I	ncome received during reporting period:		
		How often was income received? $W = Weekly B = Bi-weekly (every other week) M = Monthly$	y T = Two times a mo	onth
				come
		Income sources for Protected Person	How often received?*  W,B,M,T	Amount
	ſ	(1) Wages from employer		
		Employer name:		\$
		Job title:		

Rule 7.12—Form 7: Conservator's Annual Report, continued

(2) Wages from employer  Employer name:  Job title:	\$
(3) Unemployment assistance	\$
(4) Family Investment Program	\$
(5) Social Security	\$
(6) Other Identify:	\$
(7) Other <i>Identify:</i>	\$
(8) Other <i>Identify:</i>	\$
(9) Totals from attached sheets, if any  Check this box if you have attached a sheet with additional information on Protected Person's income sources.	\$
<b>Total</b> Income received for Protected Person during reporting period	\$

# C. Debts and liabilities paid during reporting period:

\*How often were debts and liabilities paid?  $W = Weekly \ B = Bi$ -weekly (every other week) M = Monthly T = Two times a month

	Debts a	nd liabilities
Debts and liabilities of Protected Person	How often paid?* W,B,M,T	Amount
(1) Mortgage		\$
(2) Car loan payments		\$
(3) Credit card debt		\$
(4) Other Identify:		\$
(5) Other <i>Identify:</i>		\$
(6) Other <i>Identify:</i>		\$
(7) Totals from attached sheets, if any  Check this box if you have attached a sheet with additional information on Protected Person's debts and liabilities.		\$
<b>Total</b> Debts and liabilities paid for Protected Person during reporting period		\$

Rule 7.12—Form 7: Conservator's Annual Report, continued

# D. Expenditures during reporting period:

Type of expense	Amount  Check one  ☐ monthly ☐ annual
(1) House payment or rent	\$
(2) Food At home and restaurants	\$
(3) Transportation (gas, bus fare) Not car loan payments – see (14).	\$
(4) Clothing	\$
(5) Medical, dental  Not health insurance payments – see (10).	\$
(6) Utilities (gas, electric, water)	\$
(7) Phone	\$
(8) Cable / satellite television / internet	\$
(9) Car insurance payment	\$
(10) Health insurance payment	\$
(11) Transportation	\$
(12) Educational or vocational training expenses	\$
(13) Credit card payments	\$
(14) Car loan payments	\$
(15) Other loan payments	\$
(16) Other expense Identify:	\$
(17) Other expense Identify:	\$
(18) Other expense  Identify:	\$

Rule 7.12—Form 7: Conservator's Annual Report, continued

	(19) Other expense <i>Identify:</i>	\$
	(20) Totals from attached sheets, if any  Check this box if you have attached a sheet with additional information regarding expenses.	\$
	<b>Total</b> Total expenditures during reporting period	\$
	Total expenditures during reporting period	•
E.	Total funds on hand at the close of <b>this</b> reporting period:	\$

### 6. C

Did Conservator charge fees for services provided to Protected Person during the reporting period?
☐ Yes ☐ No
If you checked Yes, complete the next section, otherwise skip to 7.

List each service for which Conservator charged fees as well as the total amount charged for the service during the reporting period.

Conservatorship service	Amount charged during reporting
(1)	\$
(2)	\$
(3)	\$
(4)	\$
(5) Totals from attached sheets, if any  Check this box if you have attached a sheet with additional information regarding conservatorship services.	\$
Total amount of fees Conservator charged for services during reporting period:	\$

Rule 7.12-Form 7: Conservator's Annual Report, continued

# 7. Annual budget for next reporting period

### A. Income sources

Estimate the amount of each source of income Protected Person will receive during the next reporting period.

\*How often is income received?

W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

Income sources for Protected Person	Income	
	How often received?*  W,B,M,T	Amount
(1) Wages from employer		
Employer name:		\$
Job title:		Ť
(2) Wages from employer		
Employer name:		\$
Job title:		
(3) Unemployment assistance		\$
(4) Family Investment Program		\$
(5) Social Security		\$
(6) Other  Identify:		\$
(7) Other		
Identify:		\$
(8) Other		\$
Identify:		·
(9) Totals from attached sheets, if any		\$
Check this box if you have attached a sheet with additional information on Protected Person's income sources.		
Total		_
Total estimated income for Protected Person during the next reporting period		\$

### B. Debts and liabilities

Estimate the amount of each debt or liability Protected Person will pay during the next reporting period.

\*How often are debts and liabilities paid?  $W= Weekly\ B= Bi\text{-weekly (every other week)}\ M= Monthly\ T= Two\ times\ a\ month$ 

Debts and liabilities		
Debts and liabilities of Protected Person	How often paid?* W,B,M,T	Amount
(1) Mortgage		\$
(2) Car loan payments		\$
(3) Credit card debt		\$
(4) Other  Identify:		\$
(5) Other Identify:		\$
(6) Other Identify:		\$
(7) Totals from attached sheets, if any  Check this box if you have attached a sheet with additional information on Protected Person's debts and liabilities.		\$
<b>Total</b> Total estimated debts and liabilities for Protected Person during the next reporting period		\$
s any other person jointly liable for all or part of	any listed debt o	or liability?
∃Yes □No		
fyou checked <b>Yes</b> , complete the next section.		
Debt:		
Description of jointly owed debt or liability		
a. Person jointly liable:		
Full name: first, middle, last		
b. Above person's relationship to Protecte	ed Person:	oe relationship
c. Payment amount (if any):	amount and how ofter	
d. Source of payments (if any):	es of payment for deb	-
Continued on next po	age	

Rule 7.12—Form 7: Conservator's Annual Report, continued			
Debt:	Debt:		
	Description of jointly owed debt or liability		
a.	a. Person jointly liable:		
	Full name: first, middle, last		
h	Above person's relationship to Protected Person:		
D.	Describe relationship		
C.	Payment amount (if any):		
	Payment amount (if any):		
d.	Source of payments (if any):		
	Identify sources of payment for debt or liability		
Debt:	Description of jointly owed debt or liability		
a.	Person jointly liable:		
	Full name: first, middle, last		
h	•		
b. Above person's relationship to Protected Person:			
	Describe relationship		
C.	·		
C.	Payment amount (if any):  Identify payment amount and how often it is paid		
	Payment amount (if any):		
	Payment amount (if any):  Identify payment amount and how often it is paid		
d.	Payment amount (if any):		
d. □ Chec	Payment amount (if any):  Identify payment amount and how often it is paid  Source of payments (if any):  Identify sources of payment for debt or liability		
d. □ <i>Chec</i> Are ar	Payment amount (if any):  Identify payment amount and how often it is paid  Source of payments (if any):  Identify sources of payment for debt or liability  kt this box if you have attached a sheet with additional debts or liabilities.		
d. □ <i>Chec</i> Are ar □Yes	Payment amount (if any):  Identify payment amount and how often it is paid  Source of payments (if any):  Identify sources of payment for debt or liability  Identify sources of payment for debt or liabilities.  The payment amount and how often it is paid  Identify sources of payment for debt or liabilities.  The payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify sources of payment for debt or liability  Identify sourc		
d. □ <i>Chec</i> Are ar □Yes	Payment amount (if any):  Identify payment amount and how often it is paid  Source of payments (if any):  Identify sources of payment for debt or liability  Identify sources of payment for debt or liabilities.  The payment amount and how often it is paid  Identify sources of payment for debt or liability  Identify sources of payment for debt or liabilities.  The payment amount (if any):  Identify payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify sources of payment for debt or liability  Identify sources of payment for		
d. □ Chec Are ar □ Yes	Payment amount (if any):  Identify payment amount and how often it is paid  Source of payments (if any):  Identify sources of payment for debt or liability  ok this box if you have attached a sheet with additional debts or liabilities.  ny of the listed debts or liabilities owed by Protected Person to Conservator?		
d. □ Chec Are ar □ Yes If you co Debt:	Payment amount (if any):  Identify payment amount and how often it is paid  Source of payments (if any):  Identify sources of payment for debt or liability  Identify sources of payment for debt or liabilities.  The payment amount and how often it is paid  Source of payments (if any):  Identify sources of payment for debt or liability  Identify sources of payment for debt or liabilities.  The payment amount and how often it is paid  Source of payments (if any):  Identify payment amount and how often it is paid  Source of payments (if any):  Identify payment amount and how often it is paid  Source of payments (if any):  Identify payment amount and how often it is paid  Source of payments (if any):  Identify payment amount and how often it is paid  Source of payments (if any):  Identify sources of payment for debt or liability  Source of payment fo		
d.  Check Are ar  Yes  If you con  Debt:	Payment amount (if any):    Identify payment amount and how often it is paid    Source of payments (if any):   Identify sources of payment for debt or liability   Source of payment amount for debt or liability     Identify payment amount and how often it is paid   Identify payment amount for debt or liability   Identify payment amount and how often it is paid   Identify payment for debt or liability   Identify payment amount and how often it is paid   Identify payment amount and how often it is paid   Identify payment amount and how often it is paid   Identify payment amount and how often it is paid   Identify payment amount and how often it is paid   Identify payment amount and how often it is paid   Iden		
d.  Check Are ar  Yes  If you con  Debt:	Payment amount (if any):  Identify payment amount and how often it is paid  Source of payments (if any):  Identify sources of payment for debt or liability  Identify payment amount and how often it is paid  Source of payments (if any):  Identify payment amount and how often it is paid  Identify payment for debt or liability  Identify payment amount and how often it is paid  Identify payment for debt or liability  Identify payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify payment amount and how often it is paid  Identify payment amount		
d.  Check Are ar  Yes  If you do  Debt:  a.  b.	Payment amount (if any):    Identify payment amount and how often it is paid    Source of payments (if any):   Identify sources of payment for debt or liability   Source of payment amount for debt or liability     Identify payment amount and how often it is paid   Identify payment amount for debt or liability   Identify payment amount and how often it is paid   Identify payment for debt or liability   Identify payment amount and how often it is paid   Identify payment amount and how often it is paid   Identify payment amount and how often it is paid   Identify payment amount and how often it is paid   Identify payment amount and how often it is paid   Identify payment amount and how often it is paid   Iden		

Debt:	
	Description of debt or liability owed by Protected Person to Conservator
a.	Amount: \$  Total amount of debt or liability
b.	Current balance: \$
C.	Source of payments (if any):
□ Chec	ck this box if vou have attached a sheet with additional information.

# C. Monthly or annual budget

Rule 7.12—Form 7: Conservator's Annual Report, continued

February 2022

 $Complete\ a\ monthly\ or\ annual\ budget\ for\ Protected\ Person\ during\ the\ next\ reporting\ period.$ 

Type of expense	Amount estimated  Check one  monthly annual
(1) House payment or rent	\$
(2) Food At home and restaurants	\$
(3) Transportation (gas, bus fare) Not car loan payments – see (14).	\$
(4) Clothing	\$
(5) Medical, dental  Not health insurance payments – see (10).	\$
(6) Utilities (gas, electric, water)	\$
(7) Phone	\$
(8) Cable / satellite television / internet	\$
(9) Car insurance payment	\$
(10) Health insurance payment	\$
(11) Transportation	\$
(12) Educational or vocational training expenses	\$
(13) Credit card payments	\$

	rvator's Annual Report, continued	Conservator	.12-Form 7:	Rule 7.
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(14) Car loan payments	\$
(15) Other loan payments	\$
(16) Other expense  Identify:	\$
(17) Other expense  Identify:	\$
(18) Other expense  Identify:	\$
(19) Other expense  Identify:	\$
(20) Totals from attached sheets, if any  Check this box if you have attached a sheet with additional information regarding expenses.	\$
<b>Total</b> Total monthly or annual budgeted expenditures for next reporting period	\$

# 8. Changes in Conservator's Initial Plan or Amended Plan

Were changes made in investments during this reporting period?
☐ Yes ☐ No
If Yes, identify each investment and the changes made during the reporting period:
Check this box if you have attached a sheet with additional information.

\$.	Did the conservatorship receive any new assets during the reporting period?
	□Yes □No
	If Yes, identify each new asset and its estimated value and describe Conservator's plan for management of the asset:
ſ	New Asset (1)
	Asset:
	Description of asset
	Estimated value: \$
	Plan for management of this asset:
- 1	
	Check this box if you have attached a sheet with additional information.
	New Asset (2)
	New Asset (2) Asset:  Description of asset
	New Asset (2) Asset:  Description of asset  Estimated value: \$
	New Asset (2) Asset:  Description of asset
	New Asset (2) Asset:  Description of asset  Estimated value: \$
	New Asset (2) Asset:  Description of asset  Estimated value: \$
	New Asset (2) Asset:  Description of asset  Estimated value: \$
	New Asset (2) Asset:  Description of asset  Estimated value: \$
	New Asset (2) Asset:  Description of asset  Estimated value: \$

٥.	Are any modifications necessary for management of existing assets?
	Significant modifications cannot be requested with this Annual Report. Significant modifications require Conservator to file an Amended Plan using Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan.
	☐ Yes ☐ No
	If Yes, identify each existing asset and describe the modification necessary for management of the asset:
	Asset (1)
	Asset:
	Description of asset
	Plan for management of this asset:
	Check this box if you have attached a sheet with additional information.
	Asset (2)
	Asset:
	• •
	Plan for management of this asset:
l	Check this box if you have attached a sheet with additional information.
	Check this box if you have attached a sheet with additional assets.

D. Are any other modifications to Conserva necessary?			ervator's Initial Plan	vator's Initial Plan or Amended Plan			
		Note: Significant modifications cannot be requ require Conservator to file an Amended or Amended Plan.					
		☐Yes ☐No					
		If Yes, describe what modifications	are necessary and w	hy:			
		Check this box if you have attached a sheet w	with additional information				
9.	Co	onservator's bond See Iowa Code section	es 633.169–.187.				
	ls t	there a bond for Conservator?					
		Yes					
		If Yes, complete the next (1) and (2).					
		(1) Amount of Conservator's bond:	<b>5</b>				
		(2) Surety's information:					
		(=,,					
		Surety's name					
		Mailing address					
		City	State	ZIP code			
		()					
		Phone number					
		Email address	Additional emai	l address, if applicable			
		Continued	l on next page				

e 7.1.	2—Form /: Conservator's Annual Report, continued
	No
	If No, explain why:
	Check this box if you have attached a sheet with additional information.
.Ac	Iditional information
	ditional information that may be useful for the court to determine what is in otected Person's best interest:
	Check this box if you have attached a sheet with additional information.
.Re	equest for approval of proposed budget and general conservatorship powers
Сс	onservator requests that the court approve the following: Check only those that apply.
	Conservator's proposed budget for Protected Person for the next reporting period.
	Authority to apply for and receive Protected Person's income during the next reporting period (see <b>7</b> (A)).
	Authority to use conservatorship income and assets for payment of debts and liabilities during the next reporting period (see <b>7</b> (B)).
	Authority to use conservatorship income and assets for payment of expenses in accordance with the proposed monthly or annual budget for the next reporting period (see 7(C)).
	Authority to manage Protected Person's assets in accordance with the proposed asset management plan (see $8(B)$ and $8(C)$ ).
	Continued on next page
	Continued on next page

☐ Authority to use conservatorship income and assets for payment of attorney fees

		and other professional fees rela	ated to administration o	f the conservatorship.
		Authority to use conservatorshi Person's miscellaneous expens further order of the court.		
		Authority to file Protected Person's income taxo income and assets.		
	Not	te: If additional conservatorship powers a Request for Approval for Other Action		
12		es for Conservator eck one		
		Fees are applied for. Attach affidav	vit relative to compensation (Id	wa Code section 633.202).
		Fees are waived.		
13		es for Conservator's attorney	,	
		Fees should be set by the court section 633.202).	. Attach affidavit relative to co	ompensation (Iowa Code
		Fees are not requested.		
		Fees are waived or not applicab	ole.	
14	. At	torney Help Check one		
	A.	☐ An attorney did not help me	prepare or fill in this pa	aper.
	В.	☐ An attorney helped me prep	pare or fill in this paper.	
		If you check <b>B</b> , you must fill in the fo	ollowing information:	
		Name of attorney or organization, if	f	
		Name of attorney or organization, if	uny	
		Business address of attorney or orga	anization	
		City	State	ZIP code
		()		
		Phone number	Fax number	
		Email address	Additional email	address, if applicable
		Cont	inued on next page	

15. Oath and signature

	rjury and po d in this An	ursuant	to the laws	of the State of lo	port, and I certify under owa that the information I lete and accurate as far
		20			
Month	Day	Year	Signature*		
Name of financia	l institution, if	applicable	!	Conservator's title,	if applicable
Mailing address					
City				State	ZIP code
() Phone number					
Email address				Additional email ad	dress, if applicable

### Rule 7.12—Form 8: Conservator's Final Report

### Instructions:

- Conservators must complete, sign, and file this form:
  - Within thirty (30) days following removal of Conservator.
  - Upon Conservator's filing of a resignation and before the court accepts the resignation.
  - Within sixty (60) days following the termination of conservatorship.
- Once filed, Conservator must serve a copy of this Final Report on Protected Person, Protected Person's attorney and court advisor, if any, and others as the court directs.
- Do not include protected information on this form. For protected information, complete Rule 7.12—Form 1: Protected Information Disclosure
- The purpose of this Final Report is to provide the court with the current financial situation of the conservatorship and an accounting of important transactions that occurred during the reporting period.
- Provide as much detailed information as possible. Do not include responses such as "same as last report" or "no change since last report."

In the lowa District Court fo		or County		
In the	e Matter of the Conservatorship of:	Probate no		
Full name: first, middle, last If the protected person is a minor, use initials only.  Protected Person.		Conservator's Final Report		
		Iowa Code § 633.670(3)		
Cons	servator states as follows:			
1. R	eporting period			
Т	his report is for the period from: $\underline{\hspace{1cm}}_{Month}$			
2. C	onservator's information			
Α	. Conservator's name:			
	Name of Conservator or financial institution			
В	. Conservator is Protected Person's: Check one			
	☐ Spouse			
	☐ Adult child			
	☐ Parent			
	☐ Adult sibling			
	☐ Financial institution			
	☐ Other:			
	Continued (	on next page		

If you need assistance to participate in court due to a disability, call the disability coordinator (information at www.iowacourts.gov/Administration/Directories/ADA Access/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.

ა.		pe of report cck one
		Report filed within thirty (30) days following removal of Conservator.
		Report filed with Conservator's filing of a resignation and before the court's acceptance of the resignation.
		Report filed within sixty (60) days following termination of the conservatorship.
		Other. Explain
		Check this box if you have attached a sheet with additional information.
	04.	
4.		atus of the conservatorship
	lde	entify status of the conservatorship at close of this reporting period. Check one
		The conservatorship has been or should be terminated because Protected Person was a minor who is no longer a minor and no longer benefits from a conservatorship.
		The conservatorship has been or should be terminated because Protected Person is deceased.
		The conservatorship will continue but a different conservator has been or will be appointed.
		Other. Explain
		Check this box if you have attached a sheet with additional information.

r f P	Protected Person is deceased, fill out only s		
Α.	Protected Person's age:		
В.	Reason for conservatorship:		
	Check this box if you have attached a	sheet with additional information	
C.	Protected Person's residence:		
	Mailing address		
	City	State	ZIP code
D.	Guardianship: Check one  Protected Person does not l  Protected Person has a nate	ural guardian (legal parer	-
D.	☐ Protected Person does not	ural guardian (legal parer	-
D.	☐ Protected Person does not ☐ Protected Person has a nate	ural guardian (legal parer	-
D.	☐ Protected Person does not ☐ ☐ Protected Person has a natural guardian: first,	ural guardian (legal parer	-
D.	☐ Protected Person does not ☐ ☐ Protected Person has a nate ☐ Full name of natural guardian: first,  Mailing address	ural guardian (legal parer	nt):
D.	☐ Protected Person does not ☐ ☐ Protected Person has a nate  Full name of natural guardian: first,  Mailing address  City  ()	ural guardian (legal parer	nt):
D.	☐ Protected Person does not ☐ ☐ Protected Person has a nate ☐ Full name of natural guardian: first, ☐ Mailing address ☐ City ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	ural guardian (legal parer  middle, last  State  Additional emai	ZIP code
D.	☐ Protected Person does not ☐ ☐ Protected Person has a nate  Full name of natural guardian: first,  Mailing address  City () Phone number  Email address ☐ Protected Person has a county	wral guardian (legal parer  middle, last  State  Additional emai	ZIP code
D.	☐ Protected Person does not ☐ ☐ Protected Person has a nate ☐ Full name of natural guardian: first, ☐ Mailing address ☐ City ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	wral guardian (legal parer  middle, last  State  Additional emai	ZIP code
D.	☐ Protected Person does not ☐ ☐ Protected Person has a nate  Full name of natural guardian: first,  Mailing address  City () Phone number  Email address ☐ Protected Person has a county	wral guardian (legal parer  middle, last  State  Additional emai	ZIP code
D.	☐ Protected Person does not ☐ ☐ Protected Person has a nate ☐ Full name of natural guardian: first, ☐ Mailing address ☐ City ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	wral guardian (legal parer  middle, last  State  Additional emai	ZIP code
D.	☐ Protected Person does not ☐ ☐ Protected Person has a nate  Full name of natural guardian: first,  Mailing address  City () Phone number  Email address ☐ Protected Person has a courtiful name of court-appointed guardian  Mailing address  City ()  City ()	middle, last  State  Additional emainert-appointed guardian: ian: first, middle, last	ZIP code
D.	☐ Protected Person does not ☐ ☐ Protected Person has a nate  Full name of natural guardian: first,  Mailing address  City () Phone number  Email address ☐ Protected Person has a courtiful name of court-appointed guardian.  Mailing address	middle, last  State  Additional emainert-appointed guardian: ian: first, middle, last	ZIP code

Ε.	Does Protected Person have a valid I	Durable Financial Pov	wer of Attorney?
	☐ Yes File a copy of the power of attorney as a	an attachment to this form.	
	□No		
F.	Does Protected Person have a Last V	Vill and Testament?	
	☐ Yes ☐ No		
	If you checked Yes, complete the next section	on.	
	Has the original Last Will and Tes	tament been filed witl	h the clerk of court?
	☐ Yes, in	County,	·
	☐ No, the following person has a	copy of the Last Will	and Testament:
	Full name: first, middle, last/business n	ате	
	Mailing address		
	City	State	ZIP code
	()_ Phone number		
_	Email address		ddress, if applicable
G.	Does Protected Person have a prepa		
	Yes File a copy of the contract plan or trust	as an attachment to this for	m.
	□No		
Η.	Protected Person's health during repo	orting period	
	(1) Summarize Protected Person's phidentifying any physical concerns or ongoing:		
	Check this box if you have attached a shee	et with additional informatio	on.
	Continued o	on next page	

February 2022

Rule 7.12-Form 8: Conservator's Final Report, continued (2) Summarize Protected Person's mental health during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred and if the concern is resolved or ongoing: Check this box if you have attached a sheet with additional information. (3) Summarize any other health care concerns related to Protected Person that occurred during the reporting period and if the concern is resolved or ongoing: Check this box if you have attached a sheet with additional information. 6. Conservatorship assets A. Total value of conservatorship assets at close of prior reporting period: B. Did the conservatorship receive any new assets during the reporting period? ☐ Yes ☐ No If Yes, identify each new asset and its estimated value. Asset (1) Asset: Description of asset Estimated value: \$\_

Asset (2)
Asset:

Description of asset

Estimated value: \$\_\_\_\_\_

7.

Asset (3)	
Asset:	
Description of asset	
Estimated value: \$	
Check this box if you have attached a sheet with additional assets.	
C. Total value of conservatorship assets at close of <b>this</b> reporting period:	\$
Complete and file with this form Rule 7.12—Form 6: Inventory of Assets of Pro Protected Person's assets at the close of this reporting period.	tected Person detailing
Conservatorship income and expenditures	
<b>Note:</b> Bank statements, checks, receipts, stubs, and other items evidencing receipts available to the court on demand.	ot of funds and payment must
A. Total funds on hand at close of <b>prior</b> reporting period:	\$
B. Income received during reporting period:	
*TT	

\*How often was income received? W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

	Income		
Income sources for Protected Person	How often received?*  W,B,M,T	Amount	
(1) Wages from employer			
Employer name:		\$	
Job title:		·	
(2) Wages from employer			
Employer name:		\$	
Job title:			
(3) Unemployment assistance		\$	
(4) Family Investment Program		\$	
(5) Social Security		\$	
(6) Other Identify:		\$	
(7) Other Identify:		\$	

Rule 7.12—Form 8: Conservator's Final Report, continued

(8) Other  Identify:	\$
(9) Totals from attached sheets, if any  Check this box if you have attached a sheet with additional information on Protected Person's income sources.	69
Total Income received for Protected Person during reporting period	\$

## C. Debts and liabilities paid during reporting period:

\*How often were debts and liabilities paid?  $W = Weekly\ B = Bi\text{-weekly (every other week)}\ M = Monthly\ T = Two\ times\ a\ month$ 

	Debts a	nd liabilities
Debts and liabilities of Protected Person	How often paid?* W,B,M,T	Amount
(1) Mortgage		\$
(2) Car loan payments		\$
(3) Credit card debt		\$
(4) Other Identify:		\$
(5) Other <i>Identify:</i>		\$
(6) Other Identify:		\$
(7) Totals from attached sheets, if any  Check this box if you have attached a sheet with additional information on Protected Person's debts and liabilities.		\$
<b>Total</b> Debts and liabilities paid for Protected Person during reporting period		\$

## D. Expenditures during reporting period:

Type of expense	Amount Check one ☐ monthly ☐ annual
(1) House payment or rent	\$
(2) Food At home and restaurants	\$
(3) Transportation (gas, bus fare) Not car loan payments – see (14).	\$

Rule 7.12—Form 8: Conservator's Final Report, continued

Total Total expenditures during reporting period	\$
(20) Totals from attached sheets, if any  Check this box if you have attached a sheet with additional information regarding expenses.	\$
(19) Other expense  Identify:	\$
(18) Other expense  Identify:	\$
(17) Other expense  Identify:	\$
(16) Other expense  Identify:	\$
(15) Other loan payments	\$
(14) Car loan payments	\$
(13) Credit card payments	\$
(12) Educational or vocational training expenses	\$
(11) Transportation	\$
(10) Health insurance payment	\$
(9) Car insurance payment	\$
(8) Cable / satellite television / internet	\$
(7) Phone	\$
(6) Utilities (gas, electric, water)	\$
(5) Medical, dental  Not health insurance payments – see (10).	\$
(4) Clothing	\$

E. Total funds on hand at the close of **this** reporting period:

<b>₽</b>			
\$			

8.	. Conservatorship services and fees						
	Did Conservator charge fees for services provided to Protected Person during the reporting period?						
	☐ Yes ☐ No						
	If you checked Yes, complete the next section, otherwise skip to 9.						
	List each service for which Conservator charged fees as well as the total amount charged for the service during the reporting period.						
	Conservatorship service	Amount charged during reporting					
	(1)	\$					
	(2)	\$					
	(3)	\$					
	(4)	\$					
	(5) Totals from attached sheets, if any  Check this box if you have attached a sheet with additional information regarding conservatorship services.	\$					
	Total amount of fees Conservator charged for services during reporting period:	\$					
9.	Changes in investments  Were changes made in investments during this reporting period?  ☐ Yes ☐ No  If Yes, identify each investment and the changes made during the reporting period:						
	Check this box if you have attached a sheet with additional information.						
	Continued on next page						

10. Proposed plan for conservatorship's assets upon termination of conservatorship Complete this section if the conservatorship has been or should be terminated.					
How will the conservatorship's assets be distributed upon termination of conservatorship?					
☐ Conservatorship assets will be transferred to Protected Person.					
☐ Conservatorship assets will be transferred into an estate.					
☐ Conservatorship assets will be transferred as follows:					
Asset (1)					
Asset:					
Description of asset					
Estimated value: \$					
Person or entity the asset will be transferred to:					
Full name of person or name or entity					
Relationship to Protected Person (if a person):					
Describe relationship					
Asset (2)					
Asset:					
Description of asset					
Estimated value: \$					
Person or entity the asset will be transferred to:					
Full name of person or name or entity					
Relationship to Protected Person (if a person):  Describe relationship					
Check this box if you have attached a sheet with additional assets.					

11. Conservator's bond See Iowa Code sections	633.169–.187.					
Is there a bond for Conservator?						
□Yes						
If Yes, complete the next (1) and (2).						
(1) Amount of Conservator's bond: \$_						
(2) Surety's information:						
Surety's name						
Surety s name						
Mailing address						
City	State	ZIP code				
() Phone number						
rnone number						
Email address	Additional email	l address, if applicable				
□No						
If No, explain why:						
Check this box if you have attached a sheet wit	h additional information.					
12. Additional information	·					
Additional information that may be useful	for the court to det	ermine what is in				
Protected Person's best interest:	ior the court to det	errille what is in				
Check this box if you have attached a sheet with ad	ditional information.					
Continued o	n next page					

13. Request for approval of proposed budget and general conservatorship powers

Conservator requests that the court: Check only those that apply

	C	ontinued on next page					
	address, if applicable						
	Phone number	Fax number					
	()						
	City	State	ZIP code				
	Business address of attorney or organization						
	Name of attorney or organization	n, if any					
	If you check B, you must fill in ti	пе јоиошпу іпјогтаноп:					
В. 🗆	B.  An attorney helped me prepare or fill in this paper.						
<b>A</b> . 🗆	An attorney did not help	me prepare or fill in this pa	aper.				
16. Attor	ney Help Check one						
□Fee	es are waived or not applic	cable.					
□Fee	☐ Fees are not requested.						
	☐ Fees should be set by the court. Attach affidavit relative to compensation (Iowa Code section 633.202).						
Check o	5. Fees for Conservator's attorney  Check one						
		nev					
	☐ Fees are applied for. Attach affidavit relative to compensation (Iowa Code section 633.202). ☐ Fees are waived.						
Check o		G.Janit valatina ta aanmana ti (T-	una Codo martian 622 2021				
	for Conservator						
		ers are necessary, complete and file tion on Behalf of Protected Person	Rule 7.12—Form 3: Conservator's				
☐ Ap	☐ Approve Conservator's proposed plan regarding the conservatorship's assets.						
☐ Ca	☐ Cancel Conservator's bond and exonerate the surety on Conservator's bond.						
□ Те	☐ Terminate the conservatorship.						
☐ Di	☐ Discharge Conservator from the conservatorship.						
ac	□ Approve Conservator's final accounting as detailed in this Final Report and the accompanying Inventory.						

17. Oath and signature

I,, have read this Final 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 Final Report is believed to be complete and accurate as far as information permits.						
		, 20				
Month	Day	Year	Signature*			
Name of financial institution, if applicable				Conservator's title, if applicable		
Mailing address						
City				State	ZIP code	
() Phone number						
Email address				Additional ema	il address, if applicable	