

633.304A Notice of probate of will — medical assistance claims.

1. On admission of a will to probate, the executor shall, in accordance with [section 633.410](#), provide by electronic transmission on a form approved by the department of health and human services to the entity designated by the department of health and human services, a notice of admission of the will to probate and of the appointment of the executor, which shall include a notice to file claims with the clerk or to provide electronic notification to the executor that the department has no claim within six months of sending this notice, or thereafter be forever barred.

2. The notice shall be in substantially the following form:

In the District Court of Iowa
in and for County.

Probate No.

In the Estate of
....., Deceased

NOTICE OF PROBATE OF WILL,
OF APPOINTMENT OF
EXECUTOR, AND
NOTICE TO CREDITORS

To the Department of Health and Human Services, Who May Be Interested in the Estate of, Deceased, who died on or about (date):

You are hereby notified that on the day of(month),(year), the last will and testament of, deceased, bearing date of the day of (month), (year) was admitted to probate in the above-named court and that was appointed executor of the estate.

You are further notified that the birthdate of the deceased is and the deceased’s social security number is...-...-. The name of the spouse is The birthdate of the spouse is and the spouse’s social security number is...-...-, and that the spouse of the deceased is alive as of the date of this notice, or deceased as of (date).

You are further notified that the deceased was/was not a disabled or a blind child of the medical assistance recipient by the name of, who had a birthdate of and a social security number of...-...-, and the medical assistance debt of that medical assistance recipient was waived pursuant to [section 249A.53, subsection 2](#), paragraph “a”, subparagraph (1), and is now collectible from this estate pursuant to [section 249A.53, subsection 2](#), paragraph “b”.

Notice is hereby given that if the department of health and human services has a claim against the estate for the deceased person or persons named in this notice, the claim shall be filed with the clerk of the above-named district court, as provided by law, duly authenticated, for allowance within six months from the date of sending this notice and, unless otherwise allowed or paid, the claim is thereafter forever barred. If the department does not have a claim, the department shall return the notice to the executor with

notification that the department does not have a claim within six months from the date of sending this notice.

Dated this day of (month), (year)

.....

Executor of estate

.....

Address

.....

Attorney for executor

.....

Address

2001 Acts, ch 109, §2; 2002 Acts, ch 1119, §99; 2007 Acts, ch 134, §13; 2010 Acts, ch 1137, §5; 2016 Acts, ch 1073, §174; 2023 Acts, ch 19, §1276

Referred to in §633.410, 635.13

Section amended