



Maintain patience and self-composure as the religion of Islam requires. Do not wail at all and do not mourn more than is permitted in *Shari'ah*. Islam permits female relatives to mourn for no more than three days. Wailing and excessive lamentation are forbidden by the Creator, and it only reflects lack of understanding and dissatisfaction with the Will of the Creator, may He be exalted.

Finally, I ask all my relatives, friends and all others -- whether they choose to believe as I believed or not -- to honor my Rights to these beliefs. I ask them to honor this document which I have made, and not to try to obstruct it or change it in any way. Rather, let them see that I am buried as I have asked to be buried and let my properties be divided as I wanted them to be divided.

#### **ARTICLE I: FUNERAL AND BURIAL RITES**

1. I direct that no autopsy or embalming be done on my body unless required by law, that without unjustified delay my body be washed, wrapped with cloth free of any ornaments and other articles, prayed for, then buried, which all should be done by Muslims in complete accordance with Islamic tenets.
2. I direct that absolutely no non-Islamic religious service or observance shall be conducted for me upon my death, or on my body. I further direct that no pictures, crescents and stars, decorations, crosses, flags, any symbols-Islamic or otherwise-or music be involved at any stage of the process of conducting my burial or ever be placed at the site of my grave.
3. I direct that my body shall not be transported over any unreasonable distance from the locality of my death, particularly when such transportation would necessitate embalming, unless when long distance transportation is required to reach the nearest Muslim cemetery, or any other cemetery selected by my PERSONAL REPRESENTATIVE/EXECUTOR.
4. I direct that my grave be dug deep into the ground in complete accordance with the specifications of Islamic practice, that it faces the direction of Qiblah (the direction of the Holy City of Mecca in the Arabian Peninsula towards which Muslims face during prayers). I also direct that my grave be leveled with ground or slightly mounded with no construction or permanent structure of any kind over it. The marking -if necessary- should be a simple rock or a marker, merely to indicate the presence of the grave. There should be no inscriptions, or symbols on the said marking.
5. I direct that my body shall be buried without a casket or any encasement that separates the wrapped body from the surrounding soil. In the event local laws require casket encasement I direct that such encasement be of the simplest, the most modest, and the least expensive type possible. I further direct that the encasement be left open during burial and filled with dirt unless prohibited by

law.

6. In the event of legal difficulties in the execution of this Article, I direct my PERSONAL REPRESENTATIVE/EXECUTOR to seek counsel from the ISLAMIC SOCIETY OF NORTH AMERICA, Inc., (ISNA) currently located in Plainfield, Indiana, USA (Tel: 317 839-8157).

**ARTICLE II: PERSONAL REPRESENTATIVE/EXECUTOR AND GUARDIAN**

1. I hereby nominate and appoint my BELOVED HUSBAND/WIFE \_\_\_\_\_, presently residing at same address as above as my PERSONAL REPRESENTATIVE and EXECUTOR to execute this my last Will and Testament. In the event she shall be unwilling or unable to be my PERSONAL REPRESENTATIVE and EXECUTOR, I nominate and appoint my SON/DAUGHTOR, \_\_\_\_\_ to be my successor PERSONAL REPRESENTATIVE and EXECUTOR, and in the event she/he shall be unwilling or unable, I nominate and appoint SON/DAUGHTOR, \_\_\_\_\_ to be my successor PERSONAL REPRESENTATIVE and EXECUTOR, and in the event no two of my children can be my PERSONAL REPRESENTATIVE/EXECUTOR, I nominate and appoint \_\_\_\_\_ of \_\_\_\_\_ to be my PERSONAL REPRESENTATIVE and EXECUTOR, and in the event he/she shall be unwilling or unable to be my PERSONAL REPRESENTATIVE and EXECUTOR, I nominate and appoint the **PRESIDENT OF THE LOCAL MUSLIM COMMUNITY, CENTER, ASSOCIATION OR MOSQUE** that is closest to my normal residence at the time of my death to be my PERSONAL REPRESENTATIVE and EXECUTOR.
2. I direct that my PERSONAL REPRESENTATIVE/EXECUTOR be fully empowered to take decisions on my behalf without any need for a court order, that no bond or surety for any bond be required for her/him in the performance of her/his duties.
3. I hereby further nominate and appoint MY **PERSONAL REPRESENTATIVE/EXECUTOR**, named above, in the same order, to be the guardian of the persons and estates of such of my children shall be minor at and after my death, during their minority.

**ARTICLE III: DEBTS AND EXPENSES**

1. I direct that my PERSONAL REPRESENTATIVE/EXECUTOR apply first, the assets of my estate to the payment of all my legal debts including such expenses incurred by my last illness, funeral and burial as well as the expenses of the administration of my estate. I direct the said PERSONAL REPRESENTATIVE/EXECUTOR to pay any "Obligations to Allah" (Huquq Allah) that are binding on me under the Tenets of Islam including any unpaid Zakah and Kaffarat.
2. My PERSONAL REPRESENTATIVE/EXECUTOR, in his/her sole discretion, may pay my legal debts, including funeral expenses, and costs of administration of my estate (including the expenses of any ancillary proceedings that may be necessary in another state or country), and I hereby authorize and empower my PERSONAL REPRESENTATIVE/EXECUTOR,

in case of any claim made for or against my estate, to settle and discharge the same in the absolute discretion of my PERSONAL REPRESENTATIVE.

3. To the extent assets of my probate estate, exclusive of real estate and tangible personal property, are insufficient to pay all or any part of my legal debts, funeral expenses, administrative expenses, or general cash devises under this Will or any codicil thereto, my PERSONAL REPRESENTATIVE/EXECUTOR shall demand payment thereof from the Trustee of the \_\_\_\_\_ REVOCABLE LIVING TRUST as provided therein; subject, however, to the terms, conditions and limitations of that Trust Agreement which are applicable to payment of such sums.

4. I direct that my PERSONAL REPRESENTATIVE/EXECUTOR and the Trustee under the \_\_\_\_\_ LIVING TRUST and any Successor Trustees may pay out of the corpus of such Trust estate, all estate, inheritance, succession and other taxes (together with any interest or penalty thereon), assessed by reason of my death imposed by the government of the United States, or any state or territory thereof, in respect of all property required to be included in my gross estate for estate or like tax purposes by any of such governments, whether the property passes under this Will or otherwise, including property over which I have a power of appointment, without contribution by any recipient of any such property.

ARTICLE IV

POUR-OVER TO \_\_\_\_\_ REVOCABLE LIVING TRUST

1. All the rest, residue and remainder of the property which I may own at the time of my death, I direct and devise unto the Trustee of the \_\_\_\_\_ REVOCABLE LIVING TRUST and any Successor Trustees thereto and my PERSONAL REPRESENTATIVE/ EXECUTOR that said property shall be added to the corpus of the Trust fund therein established as an integral part thereof, to be held, administered and distributed by the Trustee in accordance with all the terms and provisions of the said Trust Agreement as the same may be amended at the time of my death, notwithstanding that any such amendment may have been made subsequent to this Will or any Codicil hereto. The receipt of said Trustee under said Trust Agreement shall be a full acquittance and discharge to my PERSONAL REPRESENTATIVE for the property so distributed. Upon distribution to the Trustee, the administration of my estate shall cease with respect to the assets passing to the Trustee, and the Trustee shall not be subject to the control of the court in which my Will is probated.

2. If for any reason the Trust set out above shall not be in existence at the time of my death, or if for any reason a court of competent jurisdiction shall declare this testamentary transfer to the Trustee of said Trust to be invalid, then I direct that said rest, residue

and remainder of my estate shall be held, managed, invested and reinvested in exactly the same manner described in said Trust, giving, if the court shall allow, effect to all then existing amendments of said Trust, and managed by the same Trustee or the successor or successors therein named and defined; thus, for those purposes I do hereby incorporate that same instrument of Trust, by reference, into this, my Last Will and Testament. If the court shall not allow that Trust to be incorporated into this Will with its amendments, it shall be incorporated in its original form without regard to said amendments, if any such amendments have been made.

**ARTICLE V**  
**BENEFICIARIES OF OUR INSURANCE POLICY** (optional)

As reinforcement and restatement of the beneficiaries mentioned in our Insurance Irrevocable Trust, my **WIFE/HUSBAND** \_ \_ \_ \_ \_ and I hereby determine the beneficiaries of the death benefits of our insurance policy/policies No. \_ \_ \_ \_ \_ with \_ \_ \_ \_ \_ company/companies, and we instruct and direct my PERSONAL REPRESENTATIVE/EXECUTOR to see to it that the Trustee of our Insurance Trust and the insurance company make the distribution as follows:

1. \_ \_ % ( \_ \_ \_ \_ \_ PERCENT) OF TOTAL DEATH BENEFIT TO THE \_ \_ \_ \_ \_ CHARITABLE/RELIGIOUS ORGANIZATION to be used as an endowment fund the net income of which only can be used for the expenses of the said organization and the principal must be invested in safe non-risky Islamically permissible income generating assets. This portion of the death benefits must be paid to the North American Islamic Trust, Inc. of Indiana (NAIT) to the benefit of the above mentioned charitable/religious organization.
2. \_ \_ % ( \_ \_ \_ \_ \_ PERCENT) of the death benefits to our surviving children and grandchildren. This amount must be distributed in accordance with EXHIBIT B that is attached to our Revocable Living Trust.

I hereby announce declare and direct my PERSONAL REPRESENTATIVE/EXECUTOR to take this EXHIBIT B as the basic and only document for determining the shares of my heirs in the distribution of the proceeds of the said insurance policy. The schedule of Mawarith of Exhibit B must be accepted and be considered final, unchallengeable and uncontestable by any one, any means and/or in any court.

**ARTICLE VI: SEPARABILITY**

I direct and declare that if any part of this Last Will and Testament is determined invalid by a court of competent jurisdiction, the other parts shall remain valid and enforceable. This LAST WILL AND TESTAMENT comprising of six pages is made in **ONE ORIGINAL** only. Two copies of this original are made, one for each of my children \_ \_ \_ \_ \_ and \_ \_ \_ \_ \_.

In witness whereof, I have hereunto set my hand and seal this \_\_th day of \_\_\_\_\_ of the Year 20\_\_.

\_\_\_\_\_  
(Name)

We, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, the testator and witnesses respectively, whose names are signed to the attached instrument, having been sworn, declared to the undersigned notary public that the testator, in the presence of witnesses, signed the instrument as his last will, that (s)he signed and that each of the witnesses, in the presence of the testator and in the presence of each other, signed the last will and testament as witnesses.

\_\_\_\_\_  
Testator: (signature) (name)

I declare under penalty of perjury under the laws of \_\_\_\_\_ (1) that the individual who signed or acknowledged this Last Will is personally known to me, or that the individual's identity was proven to me by convincing evidence, (2) that the individual signed or acknowledged this Last Will in my presence, and (3) that the individual appears to be of sound mind and under no duress, fraud or undue influence. I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and, to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a this Last Will or a Living Trust now existing or by operation of law.

**WITNESSES:**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Signature \_\_\_\_\_ Signature \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me, \_\_\_\_\_ personally appeared \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_ personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities and that by their signatures on the instrument the persons executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
(Print name of Notary)  
\_\_\_\_\_  
My commission expires