

In the name of Allah, the Most Beneficent, the Most Merciful

LAST WILL AND TESTAMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name) presently residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_being in sound mind and memory, do hereby revoke any and all former Wills and codicils made by me, and do make, ordain, publish, and declare this my last Will and Testament.

At this time of the execution of this Will, my immediate family consists of:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Spouse) and my children, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Names and Date of Birth of my children (if any):

1.

2.

3.

My other Heirs are (if any):

1.

2.

3.

1. **ARTICLE I: FUNERAL AND BURIAL ARRANGEMENTS**

I ordain that no autopsy, organ donors, 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 belief.

I hereby nominate and appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ presently residing to at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to execute these and other necessary provisions for my Islamic funeral and burial. In the event he/she above shall be unwilling or unable to execute,

1. In the event of legal difficulties in the execution of this Article, I direct the above-named person(s) to seek counsel from the local Mosque (Masjid).

2. I ordain that absolutely no non-Islamic religious service or observance shall be conducted upon my death, or on my body.

3. I ordain 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.

4. I ordain that my body shall not be transported over any unreasonable distance from 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 Muslim family.

5. I ordain that my body shall be buried according to the Islamic traditions.

If the Executor/ nominated above is not available at the time of my death, the following persons are to be contacted:

I nominate and appoint:

Name: Clermont Family Funeral Home

Address: located at 260 Mohawk Rd. Clermont, FL 34715

Contact Funeral Director: Dextor@Clermontfuneralhome.com or (352)989-5871

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the testator and I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the 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 or perjury under the laws of the State 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.

WITNESSES:

Witness 1:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness 2

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2024 before me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally appeared:

1)

2)

3)

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.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the testator, sign my name to this document on , \_\_\_/\_\_\_\_/\_\_\_\_

 I have taken an oath, administered by the officer whose signature and seal appear on this document, swearing that the statements in this document are true. I declare to that officer that this document is my will; that I sign it willingly or willingly direct another to sign for me; that I execute it as my voluntary act for the purposes expressed in this will; and that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the witnesses, sign our names to this document and have taken an oath, administered by the officer whose signature and seal appear on this document, to swear that all of the following statements are true: the individual signing this document as the testator executes the document as his or her will, signs it willingly or willingly directs another to sign for him or her, and executes it as his or her voluntary act for the purposes expressed in this will; each of us, in the testator’s presence, signs this will as witness to the testator’s signing; and, to the best of our knowledge, the testator is 18 years of age or older, of sound mind, and under no constraint or undue influence.

 STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Before me personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is

☐personally known to me, OR

(Check one that applies)

☐has shown me his/her \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for identification,

and being duly sworn swears that he/she has read the forgoing, and that

the statements contained therein are true and correct.

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2024.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

\*\*\*\*For further legal guidance/advise on an expanded will or nominations and appointments regarding distribution of your estate or property contact your local mosque or local attorney.