**LAST WILL AND TESTAMENT**

**BE IT KNOWN** that I,.........................................................................,(testator),a resident of .........................................................................., in the county of ..........................................., in the state of ......................................, being of sound and disposing mind and memory and over the age of eighteen (18) years and not being actuated by any duress, menace, fraud, mistake or undue influence, do make, publish and declare this to be my Last Will and Testament, hereby revoking all my prior Wills and codicils at any time made.

**Marriage and Children**

**I** am married to ............................................................................................................

I have the following children

Name.............................................................................. Date of Birth..........................

Name.............................................................................. Date of Birth ............................

Name............................................................................... Date of Birth............................

**Executor**

I appoint ..........................................................................of ..............................................,

whose ID is .......................................................................................................................

as executor of my last will and testament, and provide that if this executor is unable

 or unwilling to serve, then I appoint..................................................................................

Of .....................................................................whose ID is ..............................................

as an alternate executor. My executor shall be authorized to carry out all provisions of

this Will and pay my just debts, obligations and Funeral expenses.

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**Guardian**

In the event I shall die as a sole parent of minor children then I appoint............................

........................................ as a guardian of said minor children. If this named guardian is

 unable or unwilling to serve, then I appoint....................................................................

as an alternate guardian.

**Bequests**

I direct that after payment of all my just debts, my property be bequeathed in the

manner following the Islamic law of inheritance.

Name .................................................................Address .................................................

Relationship ......................................................Property...................................................

**Funeral and Burial**

I ordain that no autopsy or embalmment 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, pray Salat Ul Janaza and then buried, in compliance with

the Islamic Law.

**Debts**

I direct the executor, to pay all my debts and expenses before distributing the estate.

**Charitable Contributions**

I direct my executor to pay charitable contributions to the following persons and

organizations and that charitable contributions should not exceed one third of the net

estate after deducting the payments debts and expenses.

Name / Organization ......................................................................................................

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**Distribution of My Estate**

I direct and bequeath that my estate be distributed to following heirs after the execution

Of debts and other obligations as follows

Name Relationship. Share

............................................... ............................................. ..................

............................................... ............................................. ..................

............................................... ............................................. ..................

**Severability and Survival**

If any part of this will is declared invalid, illegal or inoperative for any reason, it is my

intent that the remaining parts shall be effective and fully operative, and that any court

so interpreting this will and any provision in it construe in favor of survival.

Testator's Initial .....................................

**Testator’s Statement**

In witness whereof, I have hereunto set my hand this ..............................day of ..............

20............on my last Will and testament.

Testator's signature ....................................................................................................

**Witnesses’ Statement**

The testator has signed this will at the end and on each other separate page, and has

 declared or signified in our presence that it is his/ her Last Will and Testament, and in

the presence of the testator and each other we have hereunto subscribed our names

on this ..............................................day of .......................................20.......................

Witness Signature .........................................................ID........................................

Address ....................................................................................................................

Witness Signature .........................................................ID .........................................

Address .......................................................................................................

Witness Signature ...........................................................ID......................................

Address .....................................................................................................................

The State of ........................

County of .............................

**Witnesses and Testator’s Statement**

We ...................................................................,........................................................

........................................................................and....................................................

The Testator and the witnesses, respectively, whose names are signed to the attached

 and foregoing instrument, were sworn and declared to the undersigned that the

 testator signed the instrument as his / her Last Will and Testament and each other of

 the Witnesses, in the presence of the testator and each other, signed the will as a

Witness .

Testator ..................................................Witness..................................................

Witness .......................................................................

Witness .....................................................................

**Notary’s Statement**

 On..........................................20.................. before me,.............................................

 appeared ...................................................................................,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 acknowledge to me that they

 executed the same in their authorized capacities, and that by their signatures on the

 instrument the persons, or the entity upon behalf of which the persons acted, executed

 the instrument.

Witness my hand and Official Seal.

Signature of Notary .......................................................................