



Islamic Will - Worksheet

This worksheet is to help you organize the pertinent information necessary to complete your official will. If you would like to develop your official will, please call the office at 407.273.8363 to make an appointment. Please remember to fill this out, print it with your information, and bring it with you to your appointment. Depending on your PDF program, you may or may not be able to save this worksheet once you have filled it out, but you should be able to print it. PLEASE NOTE THAT THIS WORKSHEET IS NOT A WILL.

Name SSN

Address

City State Zip Code

Home Phone Work Phone

My spouse, who all references in this will are referred to is:

Name	Date of Birth	Gender	Staying at

If any of my children are minors at the time of my passing, my spouse listed is the legal guardian of my minor children:

If he/she is unable or unwilling to serve as legal guardian, I recommend be appointed as legal guardian of my minor children:

If he/she is unable to serve as legal guardian, I recommend be appointed as legal guardian of my children:

The person I wish to be executor of my will, for my assets to be distributed according to Islamic law.

Name

SSN

Address

City

State

Zip Code

Home Phone

Work Phone

Or, if he/she fails to survive me by 45 days then the following person will be the executor:

Name

SSN

Address

City

State

Zip Code

Home Phone

Work Phone

The person(s) or organization(s) named below who are to receive my estate.

1. Name

Address

City

State

Zip Code

Home Phone

% Allocation

2. Name

Address

City

State

Zip Code

Home Phone

% Allocation

3. Name

Address

City

State

Zip Code

Home Phone

% Allocation

4. Name
Address
City State Zip Code
Home Phone % Allocation

5. Name
Address
City State Zip Code
Home Phone % Allocation

6. Name
Address
City State Zip Code
Home Phone % Allocation

If the time comes when I am incapacitated to the point where I can no longer actively take part in decisions for my own life and am unable to direct my physician as to my own medical care, I wish this statement to stand as a testament of my wishes. This health care proxy shall take effect only when I become unable to make my own health care decisions.

I hereby appoint the following individual as my health care agent:

Name
Address
City State Zip Code
Home Phone Work Phone

to make any and all health care decisions for me, which I, myself, could make in person, while competent and possessed of health care decision-making capacity. If the person named above predeceases me or if such person is otherwise unable to act, I hereby appoint the following person as my alternate agent.

Name
Address
City State Zip Code
Home Phone Work Phone

Please remember to bring details on your assets (cash, jewelry, bank accounts, real estate holdings, investment portfolio, etc.) and liabilities.