

HEALTH CARE PROXY AND LIVING WILL OF

I, _____, residing at _____,
City _____, County _____, in the State of _____,
being of sound mind and memory do hereby revoke any and all
Health Care Proxy and Living Will and declare this to be my Last Health Care Proxy and
Living Will.

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 and Living
Will shall take effect if and when I become unable to make my own health care decisions

I ask my relatives and friends, whether they believe as I believe or not, to honor my right to
these beliefs. I ask them to honor this document and not to obstruct it or change it in any way.
Rather, let them see that my wishes are executed as I express in this document.

Article I. EXECUTOR

I hereby nominate and appoint _____ to
be the executor of my Health Care Proxy and Living Will. In the event that
_____ predeceases me or shall be unable or unwilling to act as
executor of this Will, I nominate and appoint
_____ to act as executor of this Will. I
direct that no bond or surety for any bond be required for executor of this will in performance of
his or her duties. The executor of my Health Care Proxy and Living Will shall hereafter be
referred to as my agent

Article II. MEDICAL CARE

In respect of each decision made for me by my agent, it is my wish and direction that my agent
be guided solely by my agent's Islamic faith as to what my own decision would have been in
the same circumstances. Without limiting the unrestricted scope of my agent's authority
hereunder, I expressly authorize my agent to direct that no treatment be withheld from me
unless such a treatment is against the teachings of Islam, to the best of understanding of my
agent. I direct that medication be judiciously administered to me to alleviate pain. I do not
intend any direct taking of my life. I also direct that "life support systems" may be used, only
when medically necessary, in a judicious manner, and its use discontinued, at the discretion of
my agent when it is apparent that there are no chances of survival and/or when there is no brain
activity as detected by standard medical procedure. The "life support systems" include but are
not limited to artificial respiration, cardiopulmonary resuscitation, and artificial means of
providing nutrition and hydration and any pharmaceutical drugs.

I direct that my family, physicians, hospitals and other health care providers and any court or
judge honor the decision of my agent. This request is made, after careful reflection, while I am
of sound mind.

Article III. ARBITRATION

In case of dispute, in executing this Will, I appoint and nominate
_____ as the arbitrator, who shall

(Testator)

Dated

strictly adhere to the Islamic Law in resolving the dispute. If _____
predeceases me or is unable or unwilling, I nominate and appoint
_____ as the arbitrator. If
_____ also predeceases me or is unable or unwilling, I nominate
and appoint the Imam or a person authorized by the Islamic organization
_____ located at _____ as the arbitrator. The
decision of the arbitrator shall be binding on all the disputed parties.

Article IV. SEPARABILITY

I direct that if any part of my Health care Proxy and Living Will is determined invalid by a
court of competent jurisdiction, the other parts shall remain valid and enforceable.

**Thus done, read and signed at _____ on this the _____ day of
_____, year _____, with Allah as my witness and in the presence of the witnesses and
the Notary Official.**

Signature of Testator

**This Will was received, read and signed by the testator and the undersigned witnesses at
one time, without interruption and without turning aside to any other act.**

Witness 1 _____
(Signature)

(Name)

(Address)

(City, State, Zip)

Witness 2 _____
(Signature)

(Name)

(Address)

(City, State, Zip)

Witness 3 (Optional)

(Signature)

(Name)

(Address)

(City, State, Zip)

Notary:

Subscribed and sworn to and affirmed before me at _____ on this
the _____ day of _____, year _____

(Signature of Notary)