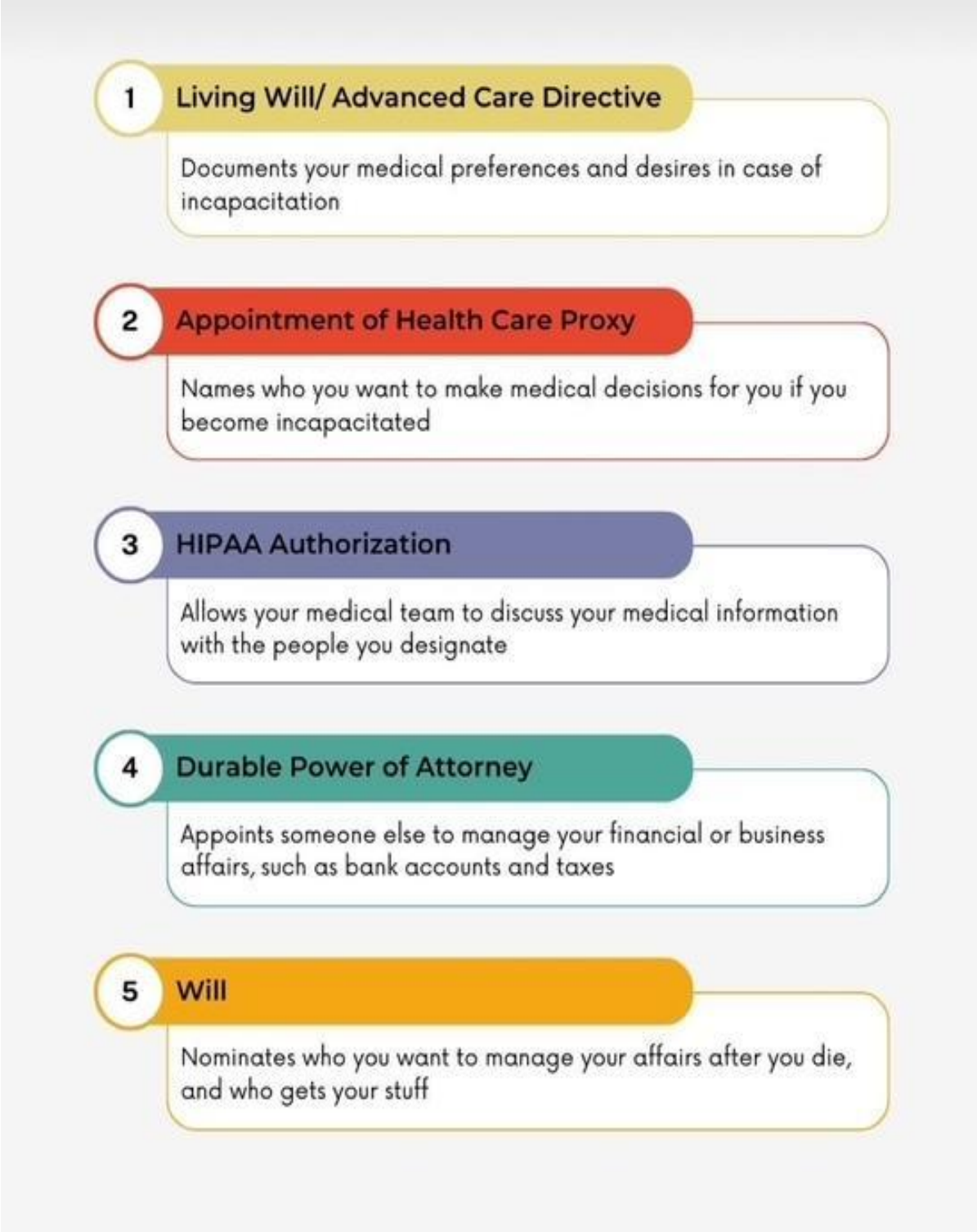
LEGAL DOCUMENTS EVERYONE NEEDS



Estate – the money/assets you own at death.

Estate Tax – A financial tax that may be incurred upon the transfer of property at the time of the transferor's death.

Probate – formal legal process of validating a will, as well as appointing estate executor or administrator of the estate to distribute the assets.

Trust (fund) – legal entities created to hold assets or property.

Living Trust – trust created while the grantor is living, specifically protecting assets if incapacitated and managed by a trustee. It allows transfer of your assets to the trustee.

Revocable Trust – can be modified, amended or cancelled during the grantor's lifetime. Expensive and usually best for large estates. Cost, taxes, limited asset protection, complexity, Medicaid issues, transferring assets, probate, and lack of court supervision are other downsides.

Irrevocable Trust – a living trust that cannot be changed.

Testamentary Trust – created after death through a will. Assets are controlled and distributed by a trustee.

Will – legal document stating the way the signer wants his/her assets distributed upon death.

Codicil – an amendment, addition or change to a will requiring. Used for simple changes. Must be notarized.

EFFECTIVE PLANNING - QUESTIONS TO ASK

Will you know the information needed and where to find it?

If you handle most of the financial matters will your partner/spouse be able to take over easily?

If you or your partner/spouse dies, how will income change? Will pension, social security or other forms of income go down?

What happens if you are caring for a partner/spouse in poor health at home and you die?

What happens to your spouse in long term care if you die?

If your partner/spouse dies, will you want to remain in your current home? Can you afford to?

Do you have assets in more than one state?

Do you have a trusted attorney and financial planner relationship?

Who will you turn to for sound advice?

If a family member is to handle an emergency or estate, how will he/she know where to find everything needed?

Who do you want as beneficiaries to your assets? Would they remain the same after your spouse is gone?

WHAT TO DO WHEN A SPOUSE DIES

Documents/Items to Collect:

- ✓ Safe/Safety deposit box keys and combination
- ✓ Will or Trusts
- ✓ Life insurance policies
- ✓ Pension & retirement account documents, including IRAs, Roth IRAs, 401(k)s
- ✓ Social security numbers/cards
- ✓ Tax returns (2 years prior)
- ✓ Bank statements & investment account statements from financial institutions
- ✓ Mortgage & loan statements
- ✓ Asset titles for personal property - cars, RVs, trucks
- ✓ Insurance statements for car insurance, health insurance, homeowners or renter's insurance
- ✓ Recurring bills
- ✓ Marriage certificate & birth certificate
- ✓ Real Estate documents including deeds, leases

Things To Do Immediately After Death:

- ✓ Notify immediate family
- ✓ Manage organ or medical donations
- ✓ Contact funeral home or crematory
- ✓ Contact attorney for will to be filed or file the will at the probate office
  (SC Probate Code of Laws requires the Last Will & Testament be filed with the county Probate Court where the decedent lived within 30 days of death.)
  **If you have assests in more than one state you will have to file the will in the other as well*

Things to in the First Week:

- ✓ Contact your insurance policy providers including those for life insurance and car insurance. Change or cancel policies as needed. Contact the life insurance company as soon as possible, as it can take several weeks to disburse benefits funds.
- ✓ Call the banks & credit unions to update the account holder's information. Close any accounts you no longer need & update death benefit information on file.

- ✓ Contact your financial advisor to change your beneficiary information and assign assets according to the will or trust.
- ✓ Request your spouse's credit history from all three credit bureaus to ensure there aren't outstanding debts.
- ✓ Contact the credit card companies, cancelling your spouse from joint cards and closing any cards only in their name.
- ✓ Contact DMV and other companies to update titles and deeds of assets, make any changes for TOD deeds/titles or POD accounts.
- ✓ Contact Social Security Administration and request information on spousal survivor benefits if they are applicable. Aiken SS office 866-275-8271 or the national number at 800-772-1213.
- ✓ Contact organizations including Veteran's Affairs office and labor unions that your spouse was a part of. You may be entitled to survivor benefits.
- ✓ Defense Finance and Accounting Service, 800-269-5170 (military service retiree receiving benefits)
- ✓ Office of Personal Management, 888-767-6738 (if decedent is a retired or former federal civil service employee)
- ✓ Contact your health insurance company and/or Medicare to assure claims are filed if there was medical care before their death.

Things To Do in Months 1-4:

- ✓ Cancel email accounts, websites, and group memberships.
- ✓ Contact your tax/financial advisor. The deceased final tax forms will need to be filed.
- ✓ Contact college/financial aid offices if student debt is carried.
- ✓ Update your will if needed.

EXECUTOR CHECKLIST FOR DOCUMENTS TO COLLECT

A. Make burial and funeral arrangements.

1. Check the will/health care directive for directions regarding funeral arrangements and organ donation.
2. Meet with the funeral director, cemetery representative and clergy to make burial and funeral arrangements.

B. Executor Checklist for What Documents/items to Collect.

In addition to locating a Last Will and Testament**,** collect the following documents to establish insurance, pension, social security and ownership rights:

1. Birth Certificate
2. Marriage certificate or divorce order
3. Death Certificates from the funeral home or Vital Records, request at least 20
4. Social Security Card
5. Citizenship papers
6. Insurance policies (life, health, credit, accident & property)
7. Bank books and statements to determine name of bank, account numbers, balance and names on account
8. Property Deeds
9. House Keys
10. Homeowner's Association Information
11. Leases and tenant information
12. Car title, registration, keys - license number and vehicle identification number
13. Income tax returns (IRS Form 4506) and have 2 years prior handy
14. Veterans Discharge Certificates
15. Disability claims
16. Property tax bills and receipts
17. Credit card information
18. Trusts if applicable
19. Names and addresses of relatives and beneficiaries
20. Stocks - broker name, company name, number of shares and date of death value
21. Bonds - serial number, issue date and date of death value
22. Employment death benefits
23. Separation agreements, prenuptial agreements and divorce decrees
24. IRS form 712 from each life insurance company

C. Who to notify

1. Creditors (e.g. credit card companies, mortgage company) DO NOT USE DECEASED CARDS!
2. Banks/Credit Unions Stockbrokers/Financial Planners Church or synagogue
3. Post office (change of address if applicable)

4. Relatives
5. Employer
6. Insurance agents: life, annuity, auto, health and disability Religious, fraternal, civic, veterans, professional and alumni organizations
7. Newspapers regarding death notices
8. Attorney
9. Accountant
10. Beneficiaries
11. Social Security Administration
12. Veterans Administration
13. IRS Form 56: Notice Concerning Fiduciary Relationship
14. Landlord
15. Trustees
16. Defense Finance and Accounting Service, 800-269-5170 (military service retiree receiving benefits)
17. Office of Personal Management, 888-767-6738 (if decedent is a retired or former federal civil service employee)
18. U.S. Citizenship and Immigration Service (if decedent was not a U.S. citizen)
19. SC Department of Motor Vehicles (if decedent had a driver's license or state ID)

D. Notify Credit Reporting Agencies.

Notify all three of the following national reporting agencies of the death and instruct them to list all accounts as "Closed. Account Holder is Deceased." Include a copy of the death certificate. This will prevent fraudulent access and use of deceased information.

1. Experian, 888-397-3742, P.O. Box 9701, Allen, Texas 75013
2. Equifax, 800-525-6285, P.O. Box 105069, Atlanta, Georgia 30348
3. TransUnion, 800-680-7289, P.O. Box 6790, Fullerton, California 92834

E. Executor Checklist for What Advisors to Hire:

1. Retain a South Carolina attorney for probate and an out-of-state attorney for ancillary probate if there is out-of-state real property.
2. Real estate and personal property appraisers.
3. Real estate broker to sell the house or sublet the apartment.
4. Investment advisors.
5. Certified Public Accountant to prepare the estate, individual and fiduciary returns and to check with the IRS and state tax authorities for back taxes or unfiled returns.
6. Insurance agent for the executor's bond if required.

F. Secure property(s). Cancel Household Services not needed to maintain integrity of the house/property for future sale.

EXECUTOR CRITICAL DATES CHECKLIST

Date of Death _____

Date Will Filed with Probate Court _____
(must be within 30 days of death)

Date of your appointment as Executor _____

Date of First Publication to Creditors _____
(3 required)

Date Notification mailed to heirs, devisees, etc. _____
(within 30 days of appointment as Executor)

Date Assets Inventory & Appraisement filed _____
(within 90 days of appointment as Executor)

Date Deceased Personal Income Tax Return
filed with IRS _____
(April 15th year after death)

Statute of Limitations on filing of Creditor Claims _____
(8 months after date of first publication)

Date of Filing an Accounting Proposal for Distribution,
And Petition for Settlement _____
(within one year from date of first publication or
90 days from receipt of SC estate tax closing letter)

Termination of Appointment as Executor closing
Estate _____
(30 days after filing Petition for Settlement)

Alternate estate tax evaluation date _____
(date of death plus 6 months)

Federal and State Estate Tax Returns if required _____

(date of death plus 9 months)

Tax Year End of Estate _____

File Federal and State Fiduciary Income Tax Returns _____
(3 ½ months from Estate Tax Year End)

The Probate Court/Probate Clerk should be able to furnish a printout of critical dates and forms required.

They can also be accessed FREE at the SC Probate Court website below:

https://www.sccourts.org/court-forms/?courtType=PC

FUNERAL INSTRUCTIONS

Let your loved ones know your funeral wishes, you can write down a list of specific details about what should and should not be done so your family doesn't have to second guess what you would have wanted to happen, especially how and where you may choose to be laid to rest.

Intentions:
Are they meant for guidance or strict adherence?

- General guidance
- Strict adherence

How do you want to laid to rest?: (do you have an organ donor card?)

- Burial
- Masoleum/drawer
- Cremation – how will the ashes be held or will they be spread
- Donate my body to science

Where do you want to be laid to rest?:

Cemetery or Other Location:

_____

- ✓ Reserved position
- ✓ Second internment
- ✓ New position

Alternative to Burial (such as ashes being spread):

_____

What kind of service do you want?:

- Church
- Graveside
- Crematorium Chapel
- Other _____

Priest/Minister/Celebrant:

- Local Minister/Priest
- Celebrant
- No Formal Ceremony

Death and Funeral Notices:

Where do you want your obituary posted?

_____
_____
_____

Flowers or Donations:

- Flowers welcome
- Donations in lieu of flowers

Viewing:

- No viewing
- Private family viewing
- General viewing

General information about you which may be used in your obituary:

It is a difficult time for loved ones. Having notes of your accomplishments, membership, honors, employment, etc. helps to ease the stress of writing an obituary.

_____
_____
_____
_____
_____

You certainly can write your own obituary if there is specifics you wish to include.

How do you anticipate your funeral being paid for?

_____
_____

Has money has been allocated for this purpose? Is there funeral insurance (separate or in life policy)?

_____
_____

Has a burial plot, masoleum/drawer or cremation been purchased?

_____
_____

Make general lists all assets and debts. Financial, property, personal and intellectual. Cross reference binder pages to be sure sections for documentation, accounts, passwords, etc. needed are available. Add additional sections in accordance with your needs. Photos of items are helpful.

FINANCIAL ASSETS LIST

PROPERTY ASSETS LIST (real estate, vehicles, etc.)

PERSONAL ASSETS LIST (technology, furniture, artwork, jewelry, collectibles, etc.)
Get appraisals on valuables

INTELLECTUAL ASSETS LIST (insurance policies, life, home, vehicle, etc.)

DEBTS LIST
(financial obligations, mortgages, loans, credit cards, household services and other payouts)

IMPORTANT PAPERS

Documents for these items are stored in these locations:
A:
B:
C:

ITEM	LOCATION	ITEM	LOCATION
Will(s) original	A B C	Retirement Papers	A B C
Living Will original	A B C	Retirement Accounts	A B C
POA Healthcare original	A B C	Funeral Arrangements	A B C
POA Financial original	A B C	Property Deeds (keys)	A B C
Safe Combination	A B C	Automobile Titles (keys)	A B C
Trust Agreement	A B C	Mortgages (Notes)	A B C
Life Insurance Policy	A B C	Storage Unit Info (keys)	A B C
Health Insurance	A B C	Birth Certificate(s)	A B C
Long Term Care Policy	A B C	Military/Veterans Docs	A B C
Auto Insurance Policy	A B C	Marriage Certificate	A B C
Homeowner Policy	A B C	Children's Birth Certs	A B C
Rental Policy	A B C	Divorce/Separation Docs	A B C
Rental Agreement	A B C	Passwords & logins	A B C
Employment Contracts	A B C	(Banking, email, credit cards, computer, Wi-Fi,	
Partnership Agreement	A B C	phone, social media, memberships, online	
Checking/savings Accts	A B C	accts., etcetera.	
Credit Cards	A B C	Passport(s)	A B C
Debit Cards	A B C	Social Security Card(s)	A B C
Safety Deposit Box Key	A B C	Pet Information	A B C
Physicians/Medications	A B C	HOA	A B C
Other: _____	A B C	Household Services	A B C

Emergency Contact(s): _____
Physician: _____
Clergy: _____
Attorney: _____
Accountant: _____
Insurance Agent(s):
Car_____
Homeowners_____
Life_____

BANKING & INVESTMENTS

Make a copy of a recent statement for each account and add to this section of the binder.

ACCOUNTS:
Institution Name_____
Website _____
Account Type_____
Account Number_____
Routing Number_____
Username _____
Password _____
Security Question(s) _____
Card Number _____
Pin _____

Institution Name_____
Website_____
Account Type_____
Account Number_____
Routing Number_____
Username _____
Password _____
Security Question(s) _____
Pin _____

CD's:
Institution Name_____
Account Number_____
Username _____
Password _____
Security Question(s) _____

Bonds:
Serial Number_____
Issue Date _____

Credit Union:
Institution Name_____
Account Numbers _____
Username _____
Password _____
Security Question(s) _____

Retirement/Investment accounts: (Be sure every account has a designated beneficiary)
Company Name_____
Website_____
Account Number_____
Broker Name _____
Username _____
Password _____
Security Question(s) _____
Beneficiary _____

Company Name_____
Website_____
Account Number_____
Broker Name_____
Username _____
Password _____
Security Question(s) _____
Beneficiary _____

Company Name_____
Website_____
Account Number_____
Broker Name_____
Username _____
Password _____
Security Question(s) _____
Beneficiary _____

Bitcoin:
Company Name_____
Account Number_____
Username _____
Password _____
Security Question(s) _____

Pay out Accounts: (PayPal, Venmo, Cash Out, Square, etc. linked to accounts)
Company Name_____
Account Number_____
Username _____
Password _____
Security Question(s) _____

Company Name_____
Account Number_____
Username _____
Password _____
Security Question(s) _____

Company Name_____
Account Number_____
Username _____
Password _____
Security Question(s) _____

Cash Back Accounts: (ibotta, Fetch, Social Nature, Aisle, any linked to bank accounts)

Company Name_____
Account Number_____
Username _____
Password _____
Security Question(s) _____

Company Name_____
Account Number_____
Username _____
Password _____
Security Question(s) _____

MEDICAL INSURANCE

Make a copy of your insurance cards, front & back and place in this section of the binder.

Medical:

Primary Provider_____
Secondary Provider_____
Dental_____
Vision_____
Prescription _____
HSA_____

Primary Provider_____
Secondary Provider_____
Dental_____
Vision_____
Prescription _____
HSA_____

MEDICAL CARE

Be sure your physicians and medical conditions are noted.

Physician_____
Care Provided _____
Contact Information _____

Physician _____
Care Provided _____
Contact Information _____

Physician _____
Care Provided _____
Contact Information _____

Physician_____
Care Provided _____
Contact Information _____

Physician_____
Care Provided _____
Contact Information _____

Physician_____
Care Provided _____
Contact Information _____

Physician_____
Care Provided _____
Contact Information _____

Physician_____
Care Provided _____
Contact Information _____

MEDICATIONS & ALLERGIES

Much of this is available from pharmacy website or online provider sites which can be added to this section of the binder.

Pharmacy Name _____

Address _____
Website _____
Phone _____

Medication _____
For _____
Dosage _____

Medication _____
For _____
Dosage _____

Medication _____
For _____
Dosage _____

Medication _____
For _____
Dosage _____

Medication _____
For _____
Dosage _____

Medication _____
For _____
Dosage _____

Allergies (include medication, skin and environmental allergic reactions)
_____
_____
_____

INSURANCE POLICIES

Make a copy of the declaration page for each and place in this section of the binder.

Life Insurance:
Company Name_____
Policy Number_____
Username _____
Password _____
Security Question(s) _____
Payment method_____

Long Term Care Insurance:
Company Name_____
Policy Number_____
Username _____
Password _____
Security Question(s) _____
Payment method_____

Home Owners Insurance:
Company Name_____
Policy Number_____
Username _____
Password _____
Security Question(s) _____
Paid by _____

Automobile Insurance:
Company Name_____
Policy Number_____
Username _____
Password _____
Security Question(s) _____
Payment method _____

Renter's Insurance:
Company Name_____
Policy Number_____
Username _____
Password _____
Security Question(s) _____
Payment method _____

MORTGAGES, LEASES, LOANS

Mortgage(s):
Institution Name_____
Account Number_____
Username _____
Password _____
Security Question(s) _____
Payment method _____

Rental Lease(s):
Company Name_____
Account Number_____
Username _____
Password _____
Security Question(s) _____
Payment method _____

Car loan(s):
Institution Name_____
Account Number_____
Username _____
Password _____
Security Question(s) _____
Payment Method _____

Student loan(s):
Institution Name_____
Account Number_____
Username _____
Password _____
Security Question(s) _____
Payment Method _____

Storage Unit(s):
Company Name _____
Account Number _____
Address _____
Entry Code _____
Username _____
Password _____
Security Quesiton(s) _____
Payment Method _____

CREDIT/DEBIT CARDS

Make a copy of your cards, front & back, place in this section of the binder.
Note any card that is for automatic payments.

Card Name _____
Account Number_____
Credit Limit_____
Username _____
Password _____
Security Question(s) _____

Card Name_____
Account Number_____
Credit Limit_____
Username _____
Password _____
Security Question(s) _____

Card Name_____
Account Number_____
Credit Limit _____
Username _____
Password _____
Security Question(s) _____

Card Name_____
Account Number_____
Credit Limit _____
Username _____
Password _____
Security Question(s) _____

Debit Card Name _____
Account Number _____
Username _____
Password _____
Security Question(s) _____
Pin _____

TECHNOLOGY

Mobile Phone(s):

Number _____
Provider _____
Account Number_____
Username _____
Password _____
Amount _____ Auto Pay/Check

Number _____
Provider_____
Account Number_____
Username _____
Password _____
Amount _____ Auto Pay/Check

Landline:
Number _____
Provider _____
Account Number_____
Username_____
Password _____
Amount _____ Auto Pay/Check

PASSWORD MANAGER:
Provider _____
Username_____
Password _____

Email Account(s): (icloud, AOL, Google, etc.)
Provider _____
Username_____
Password _____

Provider _____
Username_____
Password _____

Provider _____
Username_____
Password _____

Provider _____
Username_____
Password _____

Desk Top Computer:
Username _____
Password _____

Laptop(s):
Username _____
Password _____
Username _____
Password _____

Ipad(s):
Username _____
Password _____
Username _____
Password _____

Internet Services:
Provider _____
Account Number_____
Username _____
Password _____
Amount _____ Auto Pay/Check

Software Services:
Provider _____
Account Number_____
Username _____
Password _____
Amount_____ Auto Pay/Check Monthly/Yearly

Provider _____
Account Number_____
Username _____
Password _____
Amount_____ Auto Pay/Check Monthly/Yearly

Identify Protection Services:
Provider _____
Account Number_____
Username _____
Password _____
Amount_____ Auto Pay/Check Monthly/Yearly

Cable/Satellite Services:
Provider _____
Account Number _____
Username _____
Password _____
Amount _____Auto Pay/Check Monthly/Yearly

Streaming Services:
Provider _____
Account Number_____
Username _____
Password _____
Amount_____ Auto Pay/Check Monthly/Yearly

Provider _____
Account Number_____
Username_____
Password _____
Amount_____ Auto Pay/Check Monthly/Yearly

Provider _____
Account Number_____
Username_____
Password _____
Amount_____ Auto Pay/Check Monthly/Yearly

HOUSEHOLD SERVICES

Make a copy of a recent bill for each service and place in this section of the binder. Note any service which is on auto pay and if it is debited or placed on a credit card.

Electric:
Website _____
Username _____
Password _____
Payment Method_____

Garbage/Recycling:
Website _____
Username _____
Password _____
Payment Method_____

Gas:
Website_____
Username _____
Password _____
Payment Method_____

Lawn Care:
Website _____
Username _____
Password _____
Payment Method_____

Water/Sewer:
Website _____
Username _____
Password _____
Payment Method_____

Sewer:
Website _____
Username _____
Password _____
Payment Method_____

SOCIAL MEDIA

FACEBOOK
Username _____
Password _____

TWITTER/X
Username _____
Password _____

INSTAGRAM
Username _____
Password _____

SNAP CHAT
Username _____
Password _____

PINTEREST
Username _____
Password _____

OTHER
Username _____
Password _____

OTHER
Username _____
Password _____

MEMBERSHIPS, ORGANIZATIONS, & SUBSCRIPTIONS

Make a copy, front & back, of any membership or organization cards for which you have paid dues and place in this section of the binder. Note dues paid.

Make note of paid digital and hard copy subcriptions. Use address label from hard copies and payment page from digital subscriptions7. Note subscription period.

Memberships:

_____
_____
_____
_____
_____
_____

Organizations:

_____
_____
_____
_____
_____
_____

Other Subscription (paid digital & hard copies):

_____
_____
_____
_____
_____
_____

OTHER USERNAMES & PASSWORDS

Do you use a PASSWORD MANAGER? Be sure to include it here!

Website: User Name: Password: Security Question (s): Notes:	Website: User Name: Password: Security Question (s): Notes:
Website: User Name: Password: Security Question (s): Notes:	Website: User Name: Password: Security Question (s): Notes:
Website: User Name: Password: Security Question (s): Notes:	Website: User Name: Password: Security Question (s): Notes:

Website: User Name: Password: Security Question (s): Notes:	Website: User Name: Password: Security Question (s): Notes:
Website: User Name: Password: Security Question (s): Notes:	Website: User Name: Password: Security Question (s): Notes:
Website: User Name: Password: Security Question (s): Notes:	Website: User Name: Password: Security Question (s): Notes:
Website: User Name: Password: Security Question (s): Notes:	Website: User Name: Password: Security Question (s): Notes:

PETS

Person(s) or facility to care for your pet(s) in an emergency:

Name of Responsible Party

_____

Contact information

_____

Name and pet type:

_____

Name and pet type:

_____

Name and pet type:

_____

Veterinarian

_____

Contact Information

_____

Person who will take guardianship of your pet(s) upon death:

Name of Responsible Party

_____

Contact Information

_____

Name and pet type:

_____

Name and pet type:

_____

Name and pet type:

_____

Veterinarian

_____

Contact Information

_____

Attach basic instructions for each pet including medications, and habits and general care needs.

1.Name the desired new owner for your pet in a Will or with a Codicil

The most straightforward and solidifying way to ensure your pet is taken care of after you die is to name a new owner for your pet. This can be done through your Estate Plan, specifically your Will or Trust.

If you choose to use a Will, you can simply name the individual who you wish to become your pet's new owner if you pass away. If you have not named a person in your will, a codicil can be used to amend it. You can also choose to leave a part of your estate outright to be used for your pet's care. Although this individual won't be legally required to care for your pet in any particular way, or use the funds in any particular way, you get to choose someone that you trust. An alternate Pet Guardian can be named in case the first predeceases you.

Leave written instructions for your pet's care that they can refer to.

2. Name the desired new owner for your pet in your Trusts or in your POA

Similarly, you can nominate your desired owner for your pet in a Living Trust. This works very much the same as naming the owner in your Will. Another option to consider is creating a Power of Attorney, and giving your named POA the discretion to handle your affairs including making arrangements for your pets should you pass away or become incapacitated.

3. Create an actual Pet Trust

You also have the option to go the extra mile to create a Pet Trust. This is an estate planning tool used to ensure that your pet is taken care of after you pass away. Similar to a normal Trust, you can use your Pet Trust to name a person who shall take care of your pet, and provide them with the funds necessary to do so. You can also leave instruction for your pet's care.

When you pass away, the named Trustee will receive both the pet and the funds to take care of the pet. Unlike a provision in a Will or Living Trust mentioned above, a Pet Trust creates an actual legal obligation to care for your pet in a certain manner, and use the funds to only take care of the pet in the ways in which you have specified. Pet Trusts do fall under the purview of Trust law, so it can provide the greatest level of confidence that your pet will be taken care of exactly the way you'd like.

4. Sign up with an organization dedicated to finding homes for orphaned pets

If you can't find the proper person who'd be willing and able to take care of your pet. Luckily, you can also sign up with a charitable organization that is dedicated to finding homes for orphaned pets. These organizations make sure that your pet won't wind up in a kill shelter, and will work hard to place your pet in a loving home. There are also several organizations that will take care of your pet for the remainder of its life. This often requires a large donation, such as $10,000 to $25,000.