

**United States Bankruptcy Court  
Southern District of Illinois, Effingham Division**

**IN RE:**

Case No. \_\_\_\_\_

**Kohn Funeral Home, LLC**

Chapter **11**

Debtor(s)

**LIST OF EQUITY SECURITY HOLDERS**

| Registered name and last known address of security holder               | Shares<br>(or Percentage) | Security Class<br>(or kind of interest) |
|-------------------------------------------------------------------------|---------------------------|-----------------------------------------|
| <b>Hayley B. Kohn<br/>6723 N State Rd<br/>Louisville, IL 62858-2951</b> | <b>75</b>                 | <b>Member</b>                           |
| <b>Jarrod D. Kohn<br/>6723 N State Rd<br/>Louisville, IL 62858-2951</b> | <b>25</b>                 | <b>Member</b>                           |

**United States Bankruptcy Court  
Southern District of Illinois, Effingham Division**

**IN RE:**

Case No. \_\_\_\_\_

**Kohn Funeral Home, LLC**

Chapter **11**

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of my/our knowledge and that it corresponds to the creditors listed in my/our schedules.

Date: **December 22, 2016**

**/s/ Jarrod D. Kohn**  
Debtor

\_\_\_\_\_  
Joint Debtor

Adams Memorial  
1286 W State St  
Charleston, IL 61920-8602

Continental Casket Co.  
123 S 4th St  
Watseka, IL 60970-1601

CrediSolve  
PO Box 48439  
Minneapolis, MN 55448-0439

First Community Bank  
1400 N State Rd  
Flora, IL 62839-1083

Flora Bank & Trust  
1010 W North Ave  
Flora, IL 62839-1284

George P. Cuonzo  
115 E Walnut St  
Watseka, IL 60970-1353

Hayley B. Kohn  
6723 N State Rd  
Louisville, IL 62858-2951

IDES  
2444 W Lawrence Ave  
Chicago, IL 60625-2912

Illinois Attorney General  
500 S 2nd St  
Springfield, IL 62701-1705

Illinois Department of Revenue  
Bankruptcy Unit  
100 Randolph St Level 7-425  
Chicago, IL 60601

Internal Revenue Service  
Centralized Insolvency Operations  
PO Box 7346  
Philadelphia, PA 19101-7346

Jarrold D. Kohn  
6723 N State Rd  
Louisville, IL 62858-2951

Kristine M. Tuttle  
Black, Hedin, Ballard, McDonald, PC  
108 S 9th St  
Mount Vernon, IL 62864-4003

Messenger Supply Company  
2767 Momentum Pl  
Chicago, IL 60689-5327

Northern Leasing Systems, Inc.  
525 Washington Blvd  
Jersey City, NJ 07310-1606

Public Relations Institute  
PO Box 890287  
Charlotte, NC 28289-0287

Rex Vault Company  
807 E Jourdan St  
Newton, IL 62448-1544

United States Attorney  
Financial Litigation Unit  
9 Executive Dr  
Fairview Heights, IL 62208-1344

**United States Bankruptcy Court  
Southern District of Illinois, Effingham Division**

**IN RE:**

Case No. \_\_\_\_\_

**Kohn Funeral Home, LLC**Chapter **11**

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X**

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Kohn Funeral Home, LLC**  
Printed Name(s) of Debtor(s)

**X /s/ Jarrod D. Kohn**  
Signature of Debtor

**12/22/2016**  
Date

Case No. (if known) \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Joint Debtor (if any) Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**Fill in this information to identify the case:**Debtor name Kohn Funeral Home, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS, EFFINGHAM DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**  
Check all that apply**Gross revenue**  
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**  
From **1/01/2016** to **Filing Date**☒ Operating a business**\$215,318.94**☐ Other \_\_\_\_\_**For prior year:**  
From **1/01/2015** to **12/31/2015**☒ Operating a business**\$104,685.00**☐ Other \_\_\_\_\_**For year before that:**  
From **1/01/2014** to **12/31/2014**☒ Operating a business**\$108,226.00**☐ Other \_\_\_\_\_**For the fiscal year:**  
From **1/01/2013** to **12/31/2013**☒ Operating a business**\$76,398.00**☐ Other \_\_\_\_\_**For the fiscal year:**  
From **1/01/2012** to **12/31/2012**☒ Operating a business**\$54,622.00**☐ Other \_\_\_\_\_**For the fiscal year:**  
From **1/01/2011** to **12/31/2011**☒ Operating a business**\$35,188.00**☐ Other \_\_\_\_\_**2. Non-business revenue**Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and

Debtor **Kohn Funeral Home, LLC**

Case number (if known)

royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.

| Description of sources of revenue | Gross revenue from each source<br>(before deductions and exclusions) |
|-----------------------------------|----------------------------------------------------------------------|
|                                   |                                                                      |

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

| Creditor's Name and Address | Dates | Total amount of value | Reasons for payment or transfer<br><i>Check all that apply</i> |
|-----------------------------|-------|-----------------------|----------------------------------------------------------------|
|                             |       |                       |                                                                |

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

| Insider's name and address<br>Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|------------------------------------------------------|-------|-----------------------|---------------------------------|
|                                                      |       |                       |                                 |

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

| Creditor's name and address | Describe of the Property | Date | Value of property |
|-----------------------------|--------------------------|------|-------------------|
|                             |                          |      |                   |

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|-----------------------------------------|-----------------------|--------|
|                             |                                         |                       |        |

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

|      | Case title<br>Case number                                                                      | Nature of case     | Court or agency's name and address                                                 | Status of case                                                                                                          |
|------|------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 7.1. | <b>First Community Bank<br/>Xenia-Flora v. Byrd &amp; Kohn<br/>Funeral Home, LLC<br/>15CH3</b> | <b>foreclosure</b> | <b>Clay County Circuit Court<br/>111 Chestnut St<br/>Louisville, IL 62858-1240</b> | <input checked="" type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |

Debtor **Kohn Funeral Home, LLC**

Case number (if known) \_\_\_\_\_

|      | Case title<br>Case number                                                                   | Nature of case                      | Court or agency's name and address                                                | Status of case                                                                                                          |
|------|---------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 7.2. | <b>Continental Casket Co. v. Jarrod Kohn d/b/a Byrd &amp; Kohn Funeral Home<br/>13SC284</b> | <b>Judgment entered on 12/16/16</b> | <b>Iroquois County Circuit Court<br/>550 S 10th St<br/>Watseka, IL 60970-1810</b> | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input checked="" type="checkbox"/> Concluded |

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------------------------------|-------------------------------------------|-------------|-------|
|------------------------------|-------------------------------------------|-------------|-------|

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☒ None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss<br><br>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.<br><br>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | Dates of loss | Value of property lost |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

| Who was paid or who received the transfer?<br>Address                   | If not money, describe any property transferred | Dates             | Total amount or value |
|-------------------------------------------------------------------------|-------------------------------------------------|-------------------|-----------------------|
| 11.1. <b>Orr Law, LLC<br/>215 N 4th St<br/>Effingham, IL 62401-3461</b> | <b>20000.00</b>                                 | <b>12/19/2016</b> | <b>\$20,000.00</b>    |

Email or website address \_\_\_\_\_

 Who made the payment, if not debtor?  
**Jerry Kohn and Diana Jones**
**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

Debtor **Kohn Funeral Home, LLC**

Case number (if known) \_\_\_\_\_

☒ None.

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
|-------------------------|-----------------------------------|---------------------------|-----------------------|

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

| Who received transfer?<br>Address | Description of property transferred or<br>payments received or debts paid in exchange | Date transfer was<br>made | Total amount or<br>value |
|-----------------------------------|---------------------------------------------------------------------------------------|---------------------------|--------------------------|
|-----------------------------------|---------------------------------------------------------------------------------------|---------------------------|--------------------------|

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

| Address | Dates of occupancy<br>From-To |
|---------|-------------------------------|
|---------|-------------------------------|

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|---------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|---------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained.**Debtor collects and retains personal information that is retained in a secured location.**

Does the debtor have a privacy policy about that information?

☒ No☐ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☒ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses,

Debtor **Kohn Funeral Home, LLC**

Case number (if known) \_\_\_\_\_

cooperatives, associations, and other financial institutions.

☐ None

|       | Financial Institution name and Address                                               | Last 4 digits of account number | Type of account or instrument                                                                                                                                                                           | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|-------|--------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------|
| 18.1. | <b>First Community Bank</b><br><b>1400 N State Rd</b><br><b>Flora, IL 62839-1083</b> | <b>XXXX-2159</b>                | <input checked="" type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money Market<br><input type="checkbox"/> Brokerage<br><input type="checkbox"/> Other _____ | <b>11/28/2016</b>                                    | <b>\$100.44</b>                         |

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

| Depository institution name and address | Names of anyone with access to it<br>Address | Description of the contents | Do you still have it? |
|-----------------------------------------|----------------------------------------------|-----------------------------|-----------------------|
|-----------------------------------------|----------------------------------------------|-----------------------------|-----------------------|

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

| Facility name and address                                                               | Names of anyone with access to it | Description of the contents                                    | Do you still have it?                                                  |
|-----------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------|
| <b>Jarrold Duane Kohn</b><br><b>6723 N State Rd</b><br><b>Louisville, IL 62858-2951</b> |                                   | <b>Storage shed containing items used in funeral services.</b> | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes |

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.
- ☐ Yes. Provide details below.

Debtor **Kohn Funeral Home, LLC**

Case number (if known)

Case title  
Case numberCourt or agency name and  
address

Nature of the case

Status of case

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☒ None

Name and address

Date of service  
From-To

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☒ None

Name and address

If any books of account and records are unavailable,  
explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☐ None

Name and address

26d.1. **First Community Bank**  
**1400 N State Rd**  
**Flora, IL 62839-1083**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

Debtor **Kohn Funeral Home, LLC**

Case number (if known) \_\_\_\_\_

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name               | Address                                      | Position and nature of any interest | % of interest, if any |
|--------------------|----------------------------------------------|-------------------------------------|-----------------------|
| Jarrold Duane Kohn | 6723 N State Rd<br>Louisville, IL 62858-2951 | Member                              | 25%                   |
| Hayley Kohn        | 6723 N State Rd<br>Louisville, IL 62858-2951 | Member                              | 75%                   |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
- ☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
- ☒ Yes. Identify below.

|      | Name and address of recipient                                      | Amount of money or description and value of property | Dates                                 | Reason for providing the value |
|------|--------------------------------------------------------------------|------------------------------------------------------|---------------------------------------|--------------------------------|
| 30.1 | Jarrold Duane Kohn<br>6723 N State Rd<br>Louisville, IL 62858-2951 | \$1,359.75                                           | November 2015 through date of filing. | Salary                         |
|      | Relationship to debtor<br>Member                                   |                                                      |                                       |                                |
| 30.2 | Hayley Kohn<br>6723 N State Rd<br>Louisville, IL 62858-2951        | \$8,665.00                                           | November 2015 through date of filing. | Salary                         |
|      | Relationship to debtor<br>Member                                   |                                                      |                                       |                                |

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Debtor Kohn Funeral Home, LLC

Case number (if known) \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 22, 2016/s/ Jarrod D. Kohn

Signature of individual signing on behalf of the debtor

Jarrod D. Kohn

Printed name

Position or relationship to debtor MemberAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207)* attached?

- ☒ No
- ☐ Yes

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF ILLINOIS, EFFINGHAM DIVISION

Case number (if known)

Chapter 11☐ Check if this an amended filing

## Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

|                                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Debtor's name                                                                                                                        | <u>Kohn Funeral Home, LLC</u>                                                                                                                                                                                                                 |                                                                                                                                                                                                  |
| <hr/>                                                                                                                                   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                  |
| 2. All other names debtor used in the last 8 years<br><small>Include any assumed names, trade names and doing business as names</small> | <u>FDBA Byrd &amp; Kohn Funeral Home, LLC</u>                                                                                                                                                                                                 |                                                                                                                                                                                                  |
| <hr/>                                                                                                                                   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                  |
| 3. Debtor's federal Employer Identification Number (EIN)                                                                                | <u>27-2244466</u>                                                                                                                                                                                                                             |                                                                                                                                                                                                  |
| <hr/>                                                                                                                                   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                  |
| 4. Debtor's address                                                                                                                     | Principal place of business                                                                                                                                                                                                                   | Mailing address, if different from principal place of business                                                                                                                                   |
|                                                                                                                                         | <u>500 W 12th St</u><br><u>Flora, IL 62839-1064</u><br><small>Number, Street, City, State &amp; ZIP Code</small>                                                                                                                              | <hr/>                                                                                                                                                                                            |
|                                                                                                                                         | <u>Clay</u><br><small>County</small>                                                                                                                                                                                                          | <u>Location of principal assets, if different from principal place of business</u><br><br><u>500 W 12th St Flora, IL 62839-1064</u><br><small>Number, Street, City, State &amp; ZIP Code</small> |
| <hr/>                                                                                                                                   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                  |
| 5. Debtor's website (URL)                                                                                                               | <u>http://kohnfuneralhome.com</u>                                                                                                                                                                                                             |                                                                                                                                                                                                  |
| <hr/>                                                                                                                                   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                  |
| 6. Type of debtor                                                                                                                       | <input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))<br><input type="checkbox"/> Partnership (excluding LLP)<br><input type="checkbox"/> Other. Specify: _____ |                                                                                                                                                                                                  |
| <hr/>                                                                                                                                   |                                                                                                                                                                                                                                               |                                                                                                                                                                                                  |

Debtor **Kohn Funeral Home, LLC**  
Name

Case number (if known)

**7. Describe debtor's business**

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**81221****8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9
- ☒ Chapter 11. Check all that apply:
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

|          |       |      |       |             |       |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

|          |       |                       |       |
|----------|-------|-----------------------|-------|
| Debtor   | _____ | Relationship          | _____ |
| District | _____ | When                  | _____ |
|          |       | Case number, if known | _____ |

Debtor **Kohn Funeral Home, LLC**  
Name

Case number (if known)

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)**☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other \_\_\_\_\_**Where is the property?** \_\_\_\_\_

Number, Street, City, State &amp; ZIP Code

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Kohn Funeral Home, LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures****WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 22, 2016**  
MM / DD / YYYY**X /s/ Jarrod D. Kohn**  
Signature of authorized representative of debtor  
  
Title **Member****Jarrod D. Kohn**  
Printed name**18. Signature of attorney****X /s/ Roy Dent**  
Signature of attorney for debtorDate **December 22, 2016**  
MM / DD / YYYY**Roy Dent**  
Printed name**Orr Law, LLC**  
Firm name**215 N 4th St**  
**Effingham, IL 62401-3461**  
Number, Street, City, State & ZIP CodeContact phone \_\_\_\_\_ Email address **roy.jackson.dent@gmail.com****6255835**  
Bar number and State

**Fill in this information to identify the case:**Debtor name Kohn Funeral Home, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS, EFFINGHAM DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 22, 2016X /s/ Jarrod D. Kohn

Signature of individual signing on behalf of debtor

Jarrod D. Kohn

Printed name

Member

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name **Kohn Funeral Home, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF  
ILLINOIS, EFFINGHAM DIVISION**

Case number (if known): \_\_\_\_\_

☐ Check if this is an  
amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code                                        | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |                                             |                 |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|
|                                                                                                          |                                                              |                                                                                                         |                                                            | Total claim, if partially secured                                                                                                                                                                                                | Deduction for value of collateral or setoff | Unsecured claim |
| Adams Memorial<br>1286 W State St<br>Charleston, IL<br>61920-8602                                        |                                                              | Trade debt                                                                                              |                                                            |                                                                                                                                                                                                                                  |                                             | \$5,114.40      |
| Continental Casket Co.<br>123 S 4th St<br>Watseka, IL<br>60970-1601                                      |                                                              | Trade debt                                                                                              |                                                            |                                                                                                                                                                                                                                  |                                             | \$6,090.03      |
| CrediSolve<br>PO Box 48439<br>Minneapolis, MN<br>55448-0439                                              |                                                              | Trade debt                                                                                              |                                                            |                                                                                                                                                                                                                                  |                                             | \$1,346.02      |
| First Community Bank<br>1400 N State Rd<br>Flora, IL 62839-1083                                          |                                                              | Bank loan                                                                                               |                                                            |                                                                                                                                                                                                                                  |                                             | \$2,000.00      |
| Flora Bank & Trust<br>1010 W North Ave<br>Flora, IL 62839-1284                                           |                                                              | Bank loan                                                                                               |                                                            | \$20,000.00                                                                                                                                                                                                                      | \$15,017.00                                 | \$4,983.00      |
| IDES<br>2444 W Lawrence Ave<br>Chicago, IL<br>60625-2912                                                 |                                                              | Tax Liability                                                                                           |                                                            |                                                                                                                                                                                                                                  |                                             | \$775.44        |
| Illinois Department of Revenue<br>Bankruptcy Unit<br>100 Randolph St<br>Level 7-425<br>Chicago, IL 60601 |                                                              | Tax Liability                                                                                           |                                                            |                                                                                                                                                                                                                                  |                                             | \$454.30        |

Debtor **Kohn Funeral Home, LLC**  
Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code                                           | Name, telephone number and email address of creditor contact | Nature of claim<br>(for example, trade debts, bank loans, professional services, and government | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim<br>If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |                                             |                 |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|
|                                                                                                             |                                                              |                                                                                                 |                                                            | Total claim, if partially secured                                                                                                                                                                                                | Deduction for value of collateral or setoff | Unsecured claim |
| Internal Revenue Service<br>Centralized Insolvency Operations<br>PO Box 7346<br>Philadelphia, PA 19101-7346 |                                                              | Tax Liability                                                                                   |                                                            |                                                                                                                                                                                                                                  |                                             | \$4,852.41      |
| Messenger Supply Company<br>2767 Momentum Pl<br>Chicago, IL 60689-5327                                      |                                                              | Trade debt                                                                                      |                                                            |                                                                                                                                                                                                                                  |                                             | \$1,461.55      |
| Public Relations Institute<br>PO Box 890287<br>Charlotte, NC 28289-0287                                     |                                                              | Trade debt                                                                                      |                                                            |                                                                                                                                                                                                                                  |                                             | \$1,479.32      |
| Rex Vault Company<br>807 E Jourdan St<br>Newton, IL 62448-1544                                              |                                                              | Trade debt                                                                                      |                                                            |                                                                                                                                                                                                                                  |                                             | \$5,556.45      |

**Fill in this information to identify the case:**Debtor name **Kohn Funeral Home, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF ILLINOIS, EFFINGHAM DIVISION**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Flora Bank & Trust****Checking****5497****\$223.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$223.00****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

**11. Accounts receivable**

11a. 90 days old or less:

**14,674.39**

-

**0.00**

= ....

**\$14,674.39**

face amount

doubtful or uncollectible accounts



Debtor Kohn Funeral Home, LLC  
Name

Case number (If known) \_\_\_\_\_

- ☐ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☐ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

| General description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Net book value of debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|
| 39. Office furniture<br>Office furniture and equipment. Debtor can provide a detailed list. Debtor estimates the replacement cost to be \$27,270.00. The fair market value for resale "as-is" would be \$13,635.00.                                                                                                                                                                                                                                                                                                                                                                                           | \$13,635.00                                              | Est. of J. Kohn                         | \$13,635.00                        |
| Office furniture in office: Desk, leather chair, small desk, 2 desk chairs, large framed print, side lamp, 2 wood chair mats, book shelf, wood folding chair, and wall clock. The estimated replacement cost is \$3,656.00. Debtor estimates the current resale value is \$1,828.00.                                                                                                                                                                                                                                                                                                                          | \$1,828.00                                               | Est. of J. Kohn                         | \$1,828.00                         |
| Office furniture in lounge: Round table and 4 chairs, wood bench, row chairs, plant, large arrangement, 2 orchids, vase, 2 children tables with chairs, book shelf, chalkboard table/chairs, framed hanging rock print, antique kitchen print, 2 spiritual platters, 2 large rugs, 2 small rugs, 20 fiesta mugs, 2 crystal serving dishes, 2 tier serving tray, 3 glass/steel containers, crystal vase, large floral print, leather case clock, Keurig coffee maker, and Bunn coffee maker. Debtor values the replacement cost at \$3,487.00. The current fair market value sold "as-is" would be \$1,743.50. | \$1,743.50                                               | Est. of J. Kohn                         | \$1,743.50                         |
| Antiques: 2 small fiesta pitchers, 2 large pitchers, 2 large fiesta platters, Howard Miller wall clock, round marble entry table, large marble side table, marble wash basin cabinet, corner entry table, side table in office, 18 pieces glassware, 6 car replicas, side entry table, large framed Lester's clothing print.                                                                                                                                                                                                                                                                                  | \$9,140.00                                               | Est. of J. Kohn                         | \$9,140.00                         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                        |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------|------------|
| Debtor                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Kohn Funeral Home, LLC</b> | Case number (If known) |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name                          |                        |            |
| Furniture in hall: custom runner, 5 framed historical prints, large custom mirror. Debtor estimates the replacement cost to be \$637.00. The resale value "as-is" would be \$318.50                                                                                                                                                                                                                                                               |                               |                        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$318.50                      | Est. of J. Kohn        | \$318.50   |
| Furniture in men's room: trunk table, large floral print, small print, large custom mirror, custom vase, 2 oil brushed cans, oil brushed tissue cover, and oil brushed toilet paper cover. Debtor estimates the replacement cost to be \$765.00. The resale value "as-is" would be \$382.50.                                                                                                                                                      |                               |                        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$382.50                      | Est. of J. Kohn        | \$382.50   |
| Furniture in ladies room: round side table, large framed print, large floral wall decor, 5 tier metal/glass shelf, copper lamp, small copper mirror, large copper mirror, oil brushed can, 3 oil brushed tissue covers, 2 oil brushed toilet paper stands, large vase arrangement, and 2 stainless steel receptacles. Debtor estimates the replacement cost to be \$1,289.00. The resale value "as-is" would be \$644.50.                         |                               |                        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$644.50                      | Est. of J. Kohn        | \$644.50   |
| Furniture in arrangement room: oak table with chairs, 2 side chairs, 2 buffet lamps, large artificial tree, oak china cabinet, 2 wing back chairs, oak end table, oak buffet, oak side table, 2 framed prints, 2 framed verses, 2 table lamps, buffet lamp, large custom vase arrangement, oak coat rack, 2 display racks, and large area rug. Debtor estimates the replacement cost to be \$5,610. The resale value "as-is" would be \$2,805.00. |                               |                        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$2,805.00                    | Est. of J. Kohn        | \$2,805.00 |
| Furniture in garage: crystal clock, 3 piece mirror set, large copper framed print, runner, large area rug, 3 piece rug set, 2 commercial mats, desk, oak coat rack, and oak cabinet. Debtor estimates the replacement cost to be \$804. The resale value "as-is" would be \$402.00.                                                                                                                                                               |                               |                        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$402.00                      | Est. of J. Kohn        | \$402.00   |
| Furniture in prep room: large desk, desk chair, and 2 steel storage cabinets. Debtor estimates the replacement value to be \$850.00. The resale value "as-is" would be \$425.00                                                                                                                                                                                                                                                                   |                               |                        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$425.00                      | Est. of J. Kohn        | \$425.00   |

Debtor Kohn Funeral Home, LLC  
Name

Case number (if known) \_\_\_\_\_

Furniture in chapel: 3 sofas, 6 end tables, minister's arm chair, 2 side arm chairs, piano bench, 2 torchier lamps, piano lamp, 4 leather stools, 2 sofa tables, 1 end table, 2 runners, large area rug, 6 table lamps, 2 buffet lamps, 2 large mirrors, 2 tree prints, 2 spiritual plaques, 3 piece decor set, memorial card holder, large abstract wall art, 5 oil brushed cans, 10 oil brushed covers. Debtor estimates the replacment cost to be \$12,735.00. The resale value "as-is" would be \$6,367.50

\$6,367.50 Est. of J. Kohn \$6,367.50

Furniture in entry hall: cherry china cabinet, copper umbrella stand, 4 side arm chairs, 2 sofa tables, custom monitor frame, large decorative tree, 2 arm chairs, end table, framed print, large abstract print, 2 piece decorative set, 2 large custom arrangements, 3 piece copper candle, arrangement book, 2 side table lamps, pewter candle holder, metal sculpture lamp, sculpture dish, 2 large area rugs. Debtor estimates the replacement cost to be \$7,224.00. The resale value "as-is" would be \$3,612.00.

\$3,612.00 Est. of J. Kohn \$3,612.00

40. Office fixtures  
Storage shed located at 6723 N. State Road, Louisville, Illinois. Contents include Catholic themed materials. Material was purchased new for \$20,000.00.

\$8,000.00 Est. of J. Kohn \$8,000.00

Flag pole (\$550), brick sign (\$3,700), and north sign (\$1,200).

\$5,450.00 Est. of J. Kohn \$5,450.00

41. Office equipment, including all computer equipment and communication systems equipment and software  
Debtor's interest in 5 televisions, 3 DVD players, 100 + blank DVDs, 4 cellular telephones, sound system, video system, and 3 computers.

\$15,000.00 Est. of J. Kohn \$15,000.00

walker

\$60.00 Est. of J. Kohn \$60.00

Equipment used for embalming. Debtor can provide an inventory upon request. Debtor estimates the replacement cost to be \$71,116.00. The fair market value for resale "as-is" would be \$35,558.00.

\$35,558.00 Est. of J. Kohn \$35,558.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

Debtor Kohn Funeral Home, LLC Case number (if known) \_\_\_\_\_  
 Name

42.1. **Artwork: small tree painting, 2 large hall paintings, bird painting, small barn painting, 6 hand painted collectible plates, large Thomas Kincaid painting, 4 small Thomas Kincaid paintings, proof set, Kate Spade china set.** \$4,825.00 Est. of J. Kohn. \$4,825.00

43. **Total of Part 7.** \$110,196.50  
 Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

| General description<br>Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)                                                          | Net book value of debtor's interest<br>(Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|------------------------------------|
| <b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>                                                                               |                                                          |                                         |                                    |
| 47.1. <b>2008 Cadillac DTS</b><br><u>Very Good condition. 123,000 miles.</u>                                                                                        | <u>\$5,017.00</u>                                        | <u>KBB private part</u>                 | <u>\$5,017.00</u>                  |
| 47.2. <b>2004 Cadillac Hearst</b><br><u>Very Good condition. 47,000 miles.</u>                                                                                      | <u>\$50,000.00</u>                                       | <u>Est. of J. Kohn</u>                  | <u>\$50,000.00</u>                 |
| <b>48. Watercraft, trailers, motors, and related accessories</b> <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i> |                                                          |                                         |                                    |
| <b>49. Aircraft and accessories</b>                                                                                                                                 |                                                          |                                         |                                    |
| <b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>                                                                        |                                                          |                                         |                                    |
| <b>John Deere Tractor with attachments</b>                                                                                                                          | <u>\$10,000.00</u>                                       | <u>Est. of J. Kohn</u>                  | <u>\$10,000.00</u>                 |
| <b>motorized scooter</b>                                                                                                                                            | <u>\$500.00</u>                                          | <u>Est. of J. Kohn</u>                  | <u>\$500.00</u>                    |
| <b>Lawn equipment. Debtor values the replacement cost at \$7,695.00. The fair market value for resale "as-is" would be \$3,800.00.</b>                              | <u>\$3,800.00</u>                                        | <u>Est. of J. Kohn</u>                  | <u>\$3,800.00</u>                  |
| <b>Tools</b>                                                                                                                                                        | <u>\$500.00</u>                                          | <u>Est. J. Kohn</u>                     | <u>\$500.00</u>                    |

Debtor **Kohn Funeral Home, LLC**  
Name

Case number (If known) \_\_\_\_\_

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$69,817.00**52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 9: Real property****54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.  
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

**Nature and extent of debtor's interest in property****Net book value of debtor's interest (Where available)****Valuation method used for current value****Current value of debtor's interest**

55.1. **500 W 12th St, Flora, IL 62839-1064**  
**5000 square foot commercial building on 4.97 acres. The property was appraised for \$718,000.00 in 2011.**

**Fee Simple****\$825,000.00****Est. of J. Kohn****\$825,000.00**56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$825,000.00**57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No  
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

Debtor **Kohn Funeral Home, LLC**  
Name

Case number (if known) \_\_\_\_\_

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor **Kohn Funeral Home, LLC**  
Name

Case number (If known)

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property                                                                                        | Current value of personal property | Current value of real property |
|---------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|
| 80. <b>Cash, cash equivalents, and financial assets.</b><br><i>Copy line 5, Part 1</i>                  | <u>\$223.00</u>                    |                                |
| 81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>                                        | <u>\$0.00</u>                      |                                |
| 82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>                                            | <u>\$72,060.60</u>                 |                                |
| 83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>                                                    | <u>\$0.00</u>                      |                                |
| 84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>                                                      | <u>\$6,332.50</u>                  |                                |
| 85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>                             | <u>\$0.00</u>                      |                                |
| 86. <b>Office furniture, fixtures, and equipment; and collectibles.</b><br><i>Copy line 43, Part 7.</i> | <u>\$110,196.50</u>                |                                |
| 87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>                             | <u>\$69,817.00</u>                 |                                |
| 88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>                                          |                                    | <u>\$825,000.00</u>            |
| 89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>                         | <u>\$0.00</u>                      |                                |
| 90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>                                              | + <u>\$0.00</u>                    |                                |
| 91. <b>Total.</b> Add lines 80 through 90 for each column                                               | <u>\$258,629.60</u>                | + 91b. <u>\$825,000.00</u>     |
| 92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92                                  |                                    | <u>\$1,083,629.60</u>          |

**Fill in this information to identify the case:**Debtor name **Kohn Funeral Home, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF ILLINOIS, EFFINGHAM DIVISION**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Column A<br>Amount of claim<br><br>Do not deduct the value of collateral.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Column B<br>Value of collateral that supports this claim |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>2.1</b> | <b>First Community Bank</b><br>Creditor's Name<br><br><b>1400 N State Rd</b><br><b>Flora, IL 62839-1083</b><br>Creditor's mailing address<br><br>Creditor's email address, if known<br><br>Date debt was incurred<br><br>Last 4 digits of account number<br><br>Do multiple creditors have an interest in the same property?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien<br><b>500 W 12th Street, Flora, IL; personal property of business.</b><br><br>Describe the lien<br><b>Mortgage and UCC</b><br>Is the creditor an insider or related party?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br>Is anyone else liable on this claim?<br><input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)<br><br>As of the petition filing date, the claim is:<br>Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$633,412.15</b><br><br><b>\$1,068,389.60</b>         |

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>2.2</b> | <b>Flora Bank &amp; Trust</b><br>Creditor's Name<br><br><b>1010 W North Ave</b><br><b>Flora, IL 62839-1284</b><br>Creditor's mailing address<br><br>Creditor's email address, if known<br><br>Date debt was incurred<br><b>07/01/2016</b><br>Last 4 digits of account number<br><br>Do multiple creditors have an interest in the same property?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien<br><b>2008 Cadillac DTS, John Deere Tractor</b><br><br>Describe the lien<br><b>Pledge of title</b><br>Is the creditor an insider or related party?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br>Is anyone else liable on this claim?<br><input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)<br><br>As of the petition filing date, the claim is:<br>Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$20,000.00</b><br><br><b>\$15,017.00</b> |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|

Debtor **Kohn Funeral Home, LLC**  
Name

Case number (if know)

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$653,412.15****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you  
enter the related creditor?Last 4 digits of  
account number for  
this entity

**Kristine M. Tuttle**  
**Black, Hedin, Ballard, McDonald, PC**  
**108 S 9th St**  
**Mount Vernon, IL 62864-4003**

Line **2.1**

**Fill in this information to identify the case:**Debtor name **Kohn Funeral Home, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF ILLINOIS, EFFINGHAM DIVISION**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

|     |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                       | Total claim     | Priority amount |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| 2.1 | Priority creditor's name and mailing address<br><b>IDES</b><br><br><b>2444 W Lawrence Ave</b><br><b>Chicago, IL 60625-2912</b><br><br>Date or dates debt was incurred _____<br><br>Last 4 digits of account number _____<br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)                                                    | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: _____<br><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>\$775.44</b> | <b>\$0.00</b>   |
| 2.2 | Priority creditor's name and mailing address<br><b>Illinois Department of Revenue</b><br><b>Bankruptcy Unit</b><br><b>100 Randolph St Level 7-425</b><br><b>Chicago, IL 60601</b><br><br>Date or dates debt was incurred _____<br><br>Last 4 digits of account number _____<br>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: _____<br><br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>\$454.30</b> | <b>\$0.00</b>   |

|        |                                       |                        |  |
|--------|---------------------------------------|------------------------|--|
| Debtor | <b>Kohn Funeral Home, LLC</b><br>Name | Case number (if known) |  |
|--------|---------------------------------------|------------------------|--|

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|     |                                                                                                                                                                       |                                                                                                                                                                                                    |                   |               |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------|
| 2.3 | Priority creditor's name and mailing address<br><b>Internal Revenue Service<br/>Centralized Insolvency Operations<br/>PO Box 7346<br/>Philadelphia, PA 19101-7346</b> | As of the petition filing date, the claim is:<br><i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$4,852.41</b> | <b>\$0.00</b> |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------|

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|                                 |                      |
|---------------------------------|----------------------|
| Date or dates debt was incurred | Basis for the claim: |
|---------------------------------|----------------------|

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|                                 |                                 |
|---------------------------------|---------------------------------|
| Last 4 digits of account number | Is the claim subject to offset? |
|---------------------------------|---------------------------------|

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) ☒ No ☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

|  |  |  | Amount of claim |
|--|--|--|-----------------|
|--|--|--|-----------------|

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|     |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                         |                   |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 3.1 | Nonpriority creditor's name and mailing address<br><b>Adams Memorial</b><br><br><b>1286 W State St<br/>Charleston, IL 61920-8602</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$5,114.40</b> |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

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|     |                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                         |                   |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 3.2 | Nonpriority creditor's name and mailing address<br><b>Continental Casket Co.</b><br><br><b>123 S 4th St<br/>Watseka, IL 60970-1601</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$6,090.03</b> |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

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|     |                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                         |                   |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 3.3 | Nonpriority creditor's name and mailing address<br><b>CrediSolve</b><br><br><b>PO Box 48439<br/>Minneapolis, MN 55448-0439</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number <u>6918</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,346.02</b> |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

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|     |                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                         |                   |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 3.4 | Nonpriority creditor's name and mailing address<br><b>First Community Bank</b><br><br><b>1400 N State Rd<br/>Flora, IL 62839-1083</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$2,000.00</b> |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

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|     |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                         |                   |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 3.5 | Nonpriority creditor's name and mailing address<br><b>Messenger Supply Company</b><br><br><b>2767 Momentum Pl<br/>Chicago, IL 60689-5327</b><br><br>Date(s) debt was incurred ____<br>Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i><br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br>Basis for the claim: ____<br>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <b>\$1,461.55</b> |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

Debtor **Kohn Funeral Home, LLC**  
Name

Case number (if known)

3.6 Nonpriority creditor's name and mailing address  
**Public Relations Institute****PO Box 890287  
Charlotte, NC 28289-0287**

Date(s) debt was incurred

Last 4 digits of account number **7111**As of the petition filing date, the claim is: *Check all that apply.***\$1,479.32**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes3.7 Nonpriority creditor's name and mailing address  
**Rex Vault Company****807 E Jourdan St  
Newton, IL 62448-1544**

Date(s) debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.***\$5,556.45**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

|     | Name and mailing address                                                                                           | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-----|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------|
| 4.1 | <b>George P. Cuonzo<br/>115 E Walnut St<br/>Watseka, IL 60970-1353</b>                                             | Line <b>3.2</b><br><br><input type="checkbox"/> Not listed. Explain        | —                                       |
| 4.2 | <b>Illinois Attorney General<br/>500 S 2nd St<br/>Springfield, IL 62701-1705</b>                                   | Line <b>2.1</b><br><br><input type="checkbox"/> Not listed. Explain        | —                                       |
| 4.3 | <b>United States Attorney<br/>Financial Litigation Unit<br/>9 Executive Dr<br/>Fairview Heights, IL 62208-1344</b> | Line <b>2.3</b><br><br><input type="checkbox"/> Not listed. Explain        | —                                       |

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

| Total of claim amounts |                     |
|------------------------|---------------------|
| 5a.                    | \$ <b>6,082.15</b>  |
| 5b. +                  | \$ <b>23,047.77</b> |
| 5c.                    | \$ <b>29,129.92</b> |

**Fill in this information to identify the case:**Debtor name Kohn Funeral Home, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS, EFFINGHAM DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Lease for signage.  
Debtor pays \$363.69  
monthly. Accept  
contract.  
1 year****Northern Leasing Systems, Inc.  
525 Washington Blvd  
Jersey City, NJ 07310-1606**

**Fill in this information to identify the case:**Debtor name Kohn Funeral Home, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS, EFFINGHAM DIVISION

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

**Column 1: Codebtor****Column 2: Creditor**

|     | <b>Name</b>     | <b>Mailing Address</b>                       | <b>Name</b>          | <b>Check all schedules that apply:</b>                                                                                     |
|-----|-----------------|----------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------|
| 2.1 | Hayley B. Kohn  | 6723 N State Rd<br>Louisville, IL 62858-2951 | First Community Bank | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| 2.2 | Hayley B. Kohn  | 6723 N State Rd<br>Louisville, IL 62858-2951 | First Community Bank | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.4</u><br><input type="checkbox"/> G _____ |
| 2.3 | Hayley B. Kohn  | 6723 N State Rd<br>Louisville, IL 62858-2951 | Flora Bank & Trust   | <input checked="" type="checkbox"/> D <u>2.2</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| 2.4 | Jarrold D. Kohn | 6723 N State Rd<br>Louisville, IL 62858-2951 | First Community Bank | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| 2.5 | Jarrold D. Kohn | 6723 N State Rd<br>Louisville, IL 62858-2951 | First Community Bank | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.4</u><br><input type="checkbox"/> G _____ |
| 2.6 | Jarrold D. Kohn | 6723 N State Rd<br>Louisville, IL 62858-2951 | Flora Bank & Trust   | <input checked="" type="checkbox"/> D <u>2.2</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |

**Fill in this information to identify the case:**Debtor name **Kohn Funeral Home, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF ILLINOIS, EFFINGHAM DIVISION**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets**1. *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **825,000.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **258,629.60****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **1,083,629.60****Part 2: Summary of Liabilities**2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)Copy the total dollar amount listed in Column A Amount of claim, from line 3 of *Schedule D*..... \$ **653,412.15**3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **6,082.15****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **23,047.77**4. **Total liabilities** .....  
Lines 2 + 3a + 3b\$ **682,542.07**

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Southern District of Illinois, Effingham Division**

In re **Kohn Funeral Home, LLC**

Debtor(s)

Case No.

Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☐ **FLAT FEE**

For legal services, I have agreed to accept ..... \$ .....

Prior to the filing of this statement I have received ..... \$ .....

Balance Due ..... \$ .....

☒ **RETAINER**

For legal services, I have agreed to accept and received a retainer of ..... \$ **20,000.00**

The undersigned shall bill against the retainer at an hourly rate of ..... \$ **245.00**

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

In re **Kohn Funeral Home, LLC**

Debtor(s)

Case No. \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**  
(Continuation Sheet)

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**December 22, 2016**

*Date*

**/s/ Roy Dent**

**Roy Dent**

*Signature of Attorney*

**Orr Law, LLC**

**215 N 4th St**

**Effingham, IL 62401-3461**

**roy.jackson.dent@gmail.com**

*Name of law firm*