Official Form 1 (10/06)									
	States Bankruptcy Co dle District of Tennessee	ourt		Voluntary Petition					
Name of Debtor (if individual, enter Last, First, DeKalb Funeral Chapel LLC	Middle):	Name	of Joint Debtor (Spouse) (Last,	First, Middle):					
All Other Names used by the Debtor in the last 8 (include married, maiden, and trade names):	years	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):							
Last four digits of Soc. Sec./Complete EIN or oth 62-1499759	ner Tax ID No. (if more than one, state all)) Last four digits of Soc. Sec./Complete EIN or other Tax ID No. (if more than one, state all)							
Street Address of Debtor (No. and Street, City, a 863 South Congress Blvd P. O. Box 634	nd State):	Street Address of Joint Debtor (No. and Street, City, and State):							
Smithville, TN	ZIP Code			ZIP Code					
County of Residence or of the Principal Place of	37166	Count	y of Residence or of the Principa	al Place of Business:					
Dekalb	Eusinoss.	Count	, or residence of of the r micipa	ar i face of Busiliess.					
		10.00	4.11 4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1						
Mailing Address of Debtor (if different from stre	et address):	Mailin	g Address of Joint Debtor (if dif	fferent from street address):					
	ZIP Code			ZIP Code					
Location of Principal Assets of Business Debtor (if different from street address above):	I	L							
Type of Debtor	Nature of Business			kruptcy Code Under Which					
(Form of Organization)	(Check one box)		the Petition	is Filed (Check one box)					
(Check one box)	 Health Care Business Single Asset Real Estate as def 	ined	Chapter 7	Charter 15 Detition for Dessention					
☐ Individual (includes Joint Debtors)	in 11 U.S.C. § 101 (51B)	meu	Chapter 9 Chapter 11	Chapter 15 Petition for Recognition of a Foreign Main Proceeding					
See Exhibit D on page 2 of this form.	Railroad			Chapter 15 Petition for Recognition					
Corporation (includes LLC and LLP)	Stockbroker Commodity Broker		Chapter 13	of a Foreign Nonmain Proceeding					
□ Partnership	Clearing Bank		_ <u>1</u>						
Other (If debtor is not one of the above entities, check this box and state type of entity below.)	□ Other			ature of Debts					
eneck this box and state type of entity below.)	Tax-Exempt Entity	(Check one box)							
	(Check box, if applicable) ☐ Debtor is a tax-exempt organiz under Title 26 of the United St Code (the Internal Revenue Co	ates	Debts are primarily consumer of defined in 11 U.S.C. § 101(8) a "incurred by an individual prin a personal, family, or househol	as business debts.					
Filing Fee (Check on	e box)			r 11 Debtors					
Full Filing Fee attached				tor as defined in 11 U.S.C. § 101(51D). debtor as defined in 11 U.S.C. § 101(51D).					
Filing Fee to be paid in installments (applical attach signed application for the court's consi is unable to pay fee except in installments. Ru	deration certifying that the debtor	Check	if:	ent liquidated debts (excluding debts owed					
Filing Fee waiver requested (applicable to ch attach signed application for the court's consi			all applicable boxes: A plan is being filed with this p	petition. solicited prepetition from one or more					
Statistical/Administrative Information				THIS SPACE IS FOR COURT USE ONLY					
Debtor estimates that funds will be available	for distribution to unsecured credito	ors.		THE STICE IS FOR COOKE USE ONE I					
Debtor estimates that funds will be available			s paid						
there will be no funds available for distribution		лрепsе	o paiu,						
Estimated Number of Creditors									
1- 50- 100- 200-		,001-	100,001- OVER						
49 99 199 999	5,000 10,000 25,000 50	0,000 □	100,000 100,000						
Estimated Assets		-							
■ \$0 to	\$100,001 to \$1,000,0 \$1 million \$100 million		More than \$100 million						
Estimated Liabilities									
□ \$0 to □ \$50,001 to \$50,000 \$100,000	■ \$100,001 to \$1,000,0 \$1 million \$100 mi		More than \$100 million						

Official Form	1 (10/06)		FORM B1, Page 2
Voluntar	y Petition	Name of Debtor(s): DeKalb Funeral Chape	
(This page mu	ust be completed and filed in every case)		
·	All Prior Bankruptcy Cases Filed Within Las	t 8 Years (If more than two, att	ach additional sheet)
Location Where Filed:	- None -	Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pe	ending Bankruptcy Case Filed by any Spouse, Partner, or	• Affiliate of this Debtor (If mo	re than one, attach additional sheet)
Name of Debt - None -	or:	Case Number:	Date Filed:
District:		Relationship:	Judge:
	Exhibit A	(To be completed if debter is an in-	Exhibit B dividual whose debts are primarily consumer debts.)
forms 10K a pursuant to S and is reques	pleted if debtor is required to file periodic reports (e.g., and 10Q) with the Securities and Exchange Commission Section 13 or 15(d) of the Securities Exchange Act of 1934 esting relief under chapter 11.) A is attached and made a part of this petition.	I, the attorney for the petitioner have informed the petitioner that 12, or 13 of title 11, United Sta	r named in the foregoing petition, declare that I at [he or she] may proceed under chapter 7, 11, ttes Code, and have explained the relief available her certify that I delivered to the debtor the notice
	Ext	l hibit C	
	or own or have possession of any property that poses or is alleged to I Exhibit C is attached and made a part of this petition.	pose a threat of imminent and iden	itifiable harm to public health or safety?
(To be comp	Extraction by every individual debtor. If a joint petition is filed, ea	h ibit D ach spouse must complete and a	ttach a separate Exhibit D.)
	D completed and signed by the debtor is attached and made	a part of this petition.	
If this is a joi	int petition: D also completed and signed by the joint debtor is attached a	and made a part of this petition.	
	Information Regardin	-	
_	(Check any ap		
	Debtor has been domiciled or has had a residence, princip days immediately preceding the date of this petition or for		
	There is a bankruptcy case concerning debtor's affiliate, g	eneral partner, or partnership pe	ending in this District.
	Debtor is a debtor in a foreign proceeding and has its print this District, or has no principal place of business or assets proceeding [in a federal or state court] in this District, or th sought in this District.	s in the United States but is a de	efendant in an action or
	Statement by a Debtor Who Resides (Check all app		coperty
	Landlord has a judgment aganist the debtor for possession		ecked, complete the following.)
	(Name of landlord that obtained judgment)		
	(Address of landlord)		
	Debtor claims that under applicable nonbankruptcy law, the permitted to cure the entire monetary default that gave rise possession was entered, and		
	Debtor has included in this petition the deposit with the co after the filing of the petition.	ourt of any rent that would become	me due during the 30-day period

Voluntary Petition	Name of Debtor(s):
	DeKalb Funeral Chapel LLC
This page must be completed and filed in every case)	gnatures
Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. X Signature of Debtor X Signature of Joint Debtor	Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petitio is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.) I request relief in accordance with chapter 15 of title 11. United States Cool Certified copies of the documents required by 11 U.S.C. §1515 are attached Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached. X
Telephone Number (If not represented by attorney)	I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required
Date	under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or
Signature of Attorney	guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy
Signature of Attorney for Debtor(s) Paul E. Jennings/Harry G. Lasser, IV Printed Name of Attorney for Debtor(s) Paul E. Jennings Law Office Firm Name 805 South Church Street, Suite 3 Murfreesboro, TN 37130	accepting any fee from the debtor, as required in that section. Official Form 19B is attached. Printed Name and title, if any, of Bankruptcy Petition Preparer Social Security number (If the bankrutpcy 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.)
Email: paulejennings@bellsouth.net (615) 895-7200 Fax: (615) 895-7294	
(615) 695-7200 Fax: (615) 695-7294 Telephone Number	
November 10, 2006	Address
Date	X
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. X /s/ Michael Hale Signature of Authorized Individual Printed Name of Authorized Individual	Date Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above. Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:
Managing Member Title of Authorized Individual November 10, 2006 Date	If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy</i>

Form 4 (10/05)

United States Bankruptcy Court Middle District of Tennessee

In re **DeKalb Funeral Chapel LLC**

Debtor(s)

Case No. Chapter

11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [*or* chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Batesville Casket Company One Batesville Blvd Batesville, IN 47006	Batesville Casket Company One Batesville Blvd Batesville, IN 47006			694.00
Livingston Wilbert Vault 703 E. Main Street Livingston, TN 38570	Livingston Wilbert Vault 703 E. Main Street Livingston, TN 38570			14,600.00

Case No.

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Debtor(s)

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the Managing Member of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date November 10, 2006

Signature /s/ Michael Hale Michael Hale Managing Member

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

In re	DeKalb Funeral Chapel LLC
mit	

Case No.

Debtor

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P.

name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided. If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community". If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.) Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data. Ď Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No. 072-1752009-9001 Regions Bank 1861 Memorial Blvd Murfreesboro, TN 37129	CODEBTOR	V NATURE OF LIEN, AND DESCRIPTION AND VALUE	ONT INGENT	UNLIQUIDATED	CLAIM WITHOUT DEDUCTING VALUE OF	UNSECURED PORTION, IF ANY
		Value \$ 1,371,000.00			775,000.00	0.00
Account No. 072-1752009-0001		Equity Line of Credit				
Regions Bank 1861 Memorial Blvd Murfreesboro, TN 37129		Real Estate				
		Value \$ 1,371,000.00			50,000.00	0.00
Account No.		Value \$	-			
Account No.						
		Value \$				
0 continuation sheets attached		(Total of	Subto this p		825,000.00	0.00
			To	otal	825.000.00	0.00

In re

DeKalb Funeral Chapel LLC

Case No.

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the

claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.) Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No. 131783	C O D E B T O R	H U	H W J	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.			D I S P UT E D	AMOUNT OF CLAIM
Account No. 131783 Batesville Casket Company One Batesville Blvd Batesville, IN 47006		-	-			ED		694.00
Account No. None Livingston Wilbert Vault 703 E. Main Street Livingston, TN 38570		-	-					
Account No.								14,600.00
Account No.					+			
continuation sheets attached				(Total of	Sub			15,294.00
				(Report on Summary of a	-	Tot	al	15,294.00

In re DeKalb Funeral Chapel LLC

Case No.

Debtor

SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007(m).

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

Key Equipment Finance 600 Travis St., 13th Floor Houston, TX 77002 Hearse Lease: Account No. CW00829814

DEKALB FUNERAL CHAPEL LLC 863 SOUTH CONGRESS BLVD P. O. BOX 634 SMITHVILLE TN 37166

PAUL E. JENNINGS/HARRY G. LASSER, IV PAUL E. JENNINGS LAW OFFICE 805 SOUTH CHURCH STREET, SUITE 3 MURFREESBORO, TN 37130

BATESVILLE CASKET COMPANY ONE BATESVILLE BLVD BATESVILLE IN 47006

EMILY H. BOWMAN, ESQUIRE BOULT, CUMMINGS, CONNERS & BERRY 1600 DIVISION ST., STE 700 NASHVILLE TN 37203

KEY EQUIPMENT FINANCE 600 TRAVIS ST., 13TH FLOOR HOUSTON TX 77002

LIVINGSTON WILBERT VAULT 703 E. MAIN STREET LIVINGSTON TN 38570

REGIONS BANK 1861 MEMORIAL BLVD MURFREESBORO TN 37129