



UNITED STATES BANKRUPTCY COURT
For the District of Delaware

PROOF OF CLAIM

In re Exide Technologies Case Number 02-11125

NOTE: This claim should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Creditor Name (Person or entity debtor owes)	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach Copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Address Line 1	
Address Line 2	
Address Line 3	
City	
ST ZIP	

Shirley R Yost Trust
128 Wood Street Ave
Perthigo, WI 54157

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
AG Edwards # 27-087877-014

Check here if this claim replaces amends a previously filed claim dated _____

1. BASIS FOR CLAIM

<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)
<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Wages, salaries, and compensation (Fill out below)
<input checked="" type="checkbox"/> Money loaned	<input type="checkbox"/> Other (Describe Briefly)	Your social security No. _____
<u>Bonds</u>		Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date Debt Incurred. (MMDDYY)
04 03 97

3. If Court Judgment, Date Obtained

4. CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME CASE FILED.

<input type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security interest. Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.	<input type="checkbox"/> UNSECURED PRIORITY CLAIM Specify the priority of the claim. <input type="checkbox"/> Wages, salaries or commissions (up to \$4,650) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor a business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100 of deposits toward purchase, lease, or rental of property or services for personal family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) _____
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5. AMOUNT OF CLAIM AT TIME CASE FILED

(Secured)	<u># 26,000.00</u>	(Unsecured Priority)
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Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7. SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME-SAMPLED COPY To receive an acknowledgment of the filing of your claim, enclosed a stamped, self-addressed envelope and copy of this proof of claim.

Date 3/17/03 Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
Shirley R Yost Shirley R Yost

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

FILED
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MAR 20 2003
BMC



02145



FOR THE PERIOD *June 29, 2002 - September 27, 2002*

Primary Investment Objective Other

PAGE 2 OF 2

CASH FLOW SUMMARY

	This Period	Year to Date
Beginning Balance	\$0 00	
Income		1,058 72
Withdrawals/Transfers Out		14,930 97
Ending Balance	\$0 00	
Net Change	\$0 00	

INCOME SUMMARY

	This Period	Year to Date
Taxable		
Interest		1,058 72
Total Income		\$1,058 72

PORTFOLIO HOLDINGS

Quantity	Description	Symbol	% of Account	Current Price	Current Value	Estimated Annual Income	% Yield	Type
TAXABLE BONDS								
26,000	EXIDE CORP 10% 4 15 2005 SENIOR NOTES BOOK ENTRY S&P RATING D	302051AE7	100 00	16	4,160 00			C
26,000	TOTAL TAXABLE BONDS		100 00		\$4,160 00			
	TOTAL ACCOUNT VALUE				\$4,160 00			

Bond prices are approximations and may differ from current market quotes. Computerized pricing services are often unable to supply us with up to the minute information. These prices are provided only as a general guide to value your account. All rating information is obtained from external sources considered to be reliable, but its accuracy is not guaranteed by A G Edwards & Sons Inc.

END OF STATEMENT