Form B10 (Official Form 10) (Rev 4/98)

United States Bankruptcy Court FOR THE DISTRICT OF DELAWARE **PROOF OF CLAIM**

Name of Debtor	Case Number
EXIDES TECHNOLOGIES, ET AL.	02-11125KJC.

NOTE This form 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

Name of Creditor (The person or other entity to whom the debtor owes money or property)
VERNON Keys

☐ 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

☑ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court

Name and address where notices should be sent

PEOPLE CLAIM SERVICE (PCS)
6928 PETTY
DALLAS TX. 75217

Attn: Lee Thomas

Telephone number (214) 398-3040

RECD AUG 21 2003

This space is for Court Use Only

Account or other number by which creditor identifies debtor

Check here ☐ replaces If this claim ☐ amends a previously filed claim dated

1 Basis for Claim
- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☑ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages, salaries, and compensation (Fill out below)
Your SS# ____ - ____ - ____
Unpaid compensation for services performed
From ____ (date) to ____ (date)

2 Date debt was incurred

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 300,000 ---Noticable, Neglegence
If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below
☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim
☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle
☐ Other ____

Value of Collateral $ ____

Amount of arrearage and other charges at time case filed included in secured claim if any $ ____

6 Unsecured Priority Claim
☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $
Specify the priority of the claim
- ☐ Wages salaries or commissions (up to $4 650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier 11 U S C § 507(a)(3)
- ☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
- ☐ Up to $1 950* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
- ☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
- ☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
- ☐ Other - Specify applicable paragraph of 11 U S C § 507(a)(____)

Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 Supporting Documents *Attach copies of supporting documents* such as promissory notes, purchase orders, invoices itemized statements of running accounts contracts, court judgments, mortgages security agreements, and evidence of perfection of lien
DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary

9 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self addressed envelope and copy of this proof of claim

Date	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)
8/13/03	X Vern Keys

FILED
2003 AUG 15 A 10:
U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

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

Exide Technologies
05132

PHYSICAL HISTORY OF HEALTH INFORMATION FOR ADULTS

CLIENT NAME Vernon J Keys **SSN#:** ~~436~~ 88-5466
ADDRESS: 814 Bittle Creek Dr **APT:**
CITY: Dallas **STATE:** T **ZIP** 75217
PHONE# ( ) **CELL#:**( ) **DOB:** 8/25/54
PLACE OF BIRTH (~~HOSPITAL~~): Home (Midwife)
FAMILY DOCTOR: **PHONE#**
ADDRESS: **CITY:** **STATE:** **ZIP:**
CURRENTTREATING HOSPITAL OR CLINIC: NO
ADDRESS: **SUITE:**
CITY: **STATE** **ZIP:** **PHONE#:**

List the Location Where You Live, Work/worked, attend/Attended Church in the infected Area in West Dallas.

ADDRESS: Baker St W. DALLAS **MONTH** **YEAR** 69-72
ADDRESS. Triple Courts " **MONTH** **YEAR**
ADDRESS: Vache St " **MONTH** **YEAR**
ADDRESS: Apple Grove St " **MONTH** **YEAR**
Green leaf St " Tot. ~~Yrs~~ 25 years

Do you have, or have you ever had any of the following condition, If so please check each illness below

Coleman St.
Shaw St.

1 HEADACHES	✓	28 BODY AN JOINT PAIN	✓	50 RESPIRATORY PROBLEMS	
2 DEAFNESS	✓				
3 CANCER		29 BEHAVIOR PROBLEM,		51 BRAIN DAMAGE,	
4 TUMOR		30 TROUBLE SLEEPING		52 TIREDNESS	
5 DEPRESSION,		31 MENTAL RETARDATION		53 REPRODUCTIVE PROBLEMS	
6 IMPAIRED TASTE		32 SEIZURES			
7 ANEMIA		33 DECENERATIVE BONE DISEASE		54 EAR INFECTION	
8 SICKLE CELL				55 BIRTH DEFECTS	
9 HEART MURMUR		34 RHEUMATIC FEVER	✓	56 LUPUS	
10 ULCERS		35 STOMACH PROBLEMS	✓	57 CERVICAL SPINE	
11 EYE SURGERY		36 CONGENTIAL DISEASE		58 SCOLIOIS	
12 HIGH OR LOW	✓	37 LIVER TROUBLE,		59 BLOOD THINNERS	
13 BLOOD PRESSURE		38 HEPATITIS		60 IMPAIRED TASTE	
14 STROKE,		39 CHRONIC SINUSE		61 PANCREATITIS	
15 SKIN RASHES	✓	40 ALLERGIES		62 CONSTIPATION	
16 THYROID-GLAND		41 BLOOD TRANSFUSION		63 WEEKINESS OF ARMS,LEGS	
17 NOISE BLEED		42 FIBROMYALGIA			
18 HIGH OR LOW		43 NERVOUS DAMAGE	✓	64 DIALYSIS	
19 BLOOD SUGAR,		44 PRELONG BLEEDING		65 FORCETFULNESS	
20 DIABETES		45 KIDNEY SURGERY		66 NAUSEA	
21 ASTHMA,		46 HEAPT ATTACK		67 SEVERE CRAMPS	
22 HAY FEVER		47 LOW BIRTH WEIGHT	✓	68 FAINTING	✓
23 LUNG DISEASE,	✓	48 SAVE ALL TEETH PULLED,CHILDREN and ADULT		69 PREMATURE MORTALITY,or MISS-CARRAGE	
24 BRONCHITIS, OR					
25 EMPHYSEMA					
26 BLEEDING GUM		49 LEARNING DISABILITIES		70 DIZZINESS	✓
27 JAUNDICE				71 HI-LEAD TEST	

This Instrument was acknowledge before me to be true/correct on this 13 day of ~~May~~ 2003.

X Vernon J Keys . Mary Davis . 8-12-06
client notary expires

MARY DAVIS
Notary Public
STATE OF TEXAS
My Comm Exp 08/12/2006

Case #

HEALTH INFORMATION FOR CHILDERN

NAME: Vernon J Keys PHONE#:

ADDRESS: 814 Bethel Creek Dr CITY: Dis STATE: TX ZIP 75247

I am Authorize to Execute this Power of Attorney on behalf of the Childern Listed below: Write the number (#1-#71) for that Child illness under that child name.

CHILD NAME	D.O.B.	SSN#	AGE	SEX
1. Vernon Keys JR	9/30/74	/ /	29	M
#1#22#28#40#49#65#	# # # # # # # # # # # # # #			
2. June E Keys	6/13/77	/ /	26	F
#1#22#28#67# # #	# # # # # # # # # # # # # #			
3. Jennifer Keys	3/21/80	/ /	22	F
#1#22#28#40#65#67#12	#44#49#29#17# # # # # # # # # #			
4. Maurice Keys	8/21/84	/ /	19	M
#1#9#7#17#28# #	# # # # # # # # # # # # # #			
5. David Keys	8/28/87	/ /	16	M
#1#28#49#29#65#63#32	# # # # # # # # # # # # # #			

Do you have, or have you ever had any of the following conditions? If so please Check each item. Write each illness UNDER THE CHILD NAME,

(1) HEADACHES	(28) BODY AN JOINT PAIN	50 RESPIRATORY PROBLEMS
2 DEAFNESS		
3 CANCER	(29) BEHAVIOR PROBLEM,	51 BRAIN DAMAGE,
4 TUMOR	30 TROUBLE SLEEPING	52 TIREDNESS
5 DEPRESSION,	31. MENTAL RETARDATION	53 REPRODUCTIVE PROBLEMS.
6 IMPAIRED TASTE	(32) SEIZURES	
(7) ANEMIA	33 DEGENERATIVE BONE DISEASE	54 EAR INFECTION
8 SICKLE CELL		55 BIRTH DEFECTS
(9) HEART MURMUR	34 RHEUMATIC FEVER	56. LUPUS
10 ULCERS	35. STOMACH PROBLEMS	57 CERVICAL SPINE
11 EYE SURGERY	36 CONGENTIAL DISEASE	58 SCOLIOIS
(12) HIGH OR LOW	37. LIVER TROUBLE,	59 BLOOD THINNERS
13 BLOOD PRESSURE	38 HEPATITIS	60 IMPAIRED TASTE
14 STROKE,	39. CHRONIC SINUSE	61 PANCREATITIS
15 SKIN RASHES	(40) ALLERGIES	62 CONSTIPATION
16 THYROID-GLAND	41. BLOOD TRANSFUSION	63 WEEKINESS OF ARMS LEGS
(17) NOISE BLEED	42 FIBROMYALGIA	
18 HIGH OR LOW	43 NERVOUS DAMAGE	64 DIALYSIS
19 BLOOD SUGAR,	(44) PRELONG BLEEDING	(65) FORGETFULNESS
20 DIABETES	45 KIDNEY SURGERY	66 NAUSEA
21 ASTHMA	46. HEART ATTACK	(67) SEVERE CRAMPS
(22) HAY FEVER	47 LOW BIRTH WEIGHT	(68) FAINTING
23 LUNG DISEASE,	48. SAVE ALL TEETH	69. PREMATURE
24 BRONCHITIS, OR	PULLED, CHILDREN	MORTALITY, or
25 EMPHYSEMA	and ADULT	MISS-CARRAGE
26 BLEEDING GUM	(49) LEARNING	70. DIZZINESS
27 JAUNDICE	DISABILITIES	71 HI-LEAD TEST

* Vernon Keys, 8/13/03, Mary Davis, 8-12-06

parent date notary expires

DESCENDERS LIVED WITH PARANT, VERNON KEYS .

NOTARY PUBLIC STATE OF TEXAS

MARY DAVIS
Notary Public
STATE OF TEXAS
My Comm Exp 08/12/2006

Peoples Claim Services (P.C.S.)
Assistance Claim Handler
6928 Patty Lane, Dallas Tex 75217
214 398-3040

ENVIRONMENT EXPOSURE

SPECIAL POWER OF ATTORNEY
PERSONAL INJURY AGREEMENT

1 I Vernon Keys (hereinafter called the client), desire to retain the services of P C S , (hereinafter called Attorney- N-fact , Agent) to assist me/us for injuries which occurred in Dallas county, City of West Dallas between the year of 1967 and, 4-1994 , whereas my agent (Attorney-N-Fact) agree to assist me (the Client), to a complete settlement
My Attorney-N-Fact agrees to assist me (the Client) in my cause of action from my personal injuries (sickness, inconvenience, mental anguish, stress, or wrongful death) against any and all parties responsible for such damages cause by ~~Asbestos~~ Lead.

2 Client agrees to

A My Attorney-N-Fact (not a attorney) is to be compensated for assisting me in any and all recovery obtained on my behalf (the Client) Which obtained by settlement and/or compromise of said claim caused by other parties (Company, Corp ,etc) , when the result of any contamination , poisoning , asbestos , or wrongful death , or other injury sustained as a result of any polluter , potentially responsible party, Government Agency , and/or Insurance Co

B It is also agreed in case this claim has to be litigated I (the Client) will obtain The Attorney of my choice at that time

C No legal advise given under this agreement

3 I (the Client) authorize my agent to account for the purpose of making the facts and character of my injuries know to any legal or medical personnel or for the of hiring any legal or medical personnel , on my behalf and for obtaining all documents including , but not limited to any and all medical and legal records currently existing or to be created in the future in order to resolve this claim I hereby grant my agent the full rights , power , and authority to do every act , deed etc necessary to be done regarding this claim , as fully as I could represent myself if I am not present

4 I (the Client) demand that all corresponding either by phone , or mail be directed to my agent only , unless notified from me in writing , by phone

Vernon

5 This power of attorney shall become effective immediately , and shall continue effective until said claim have settled

6 I hereby authorize my agent the full authority to sign all instruments drafts, check , authorization , and papers as shell be necessary to help me conclude my settlement and/or reduce to possession any and all monies or other things of value due to me (the Client) under this claim as fully as I could do so my self in person , if for any reason I am not present

Lee Thomas
Attorney-N-Fact (Agent)/paralegal

This instrument was acknowledge before me on this 13 day of Aug, 2003
Client signature X

Mary Davis
Notary public – Signature

8-12-06
My Commission Expires

MARY DAVIS
Notary Public
STATE OF TEXAS
My Comm Exp 08/12/2006

This is a administrative out of court attempt to resolve this said violations , in any way possible PLEASE response within 30 days

THANKS

It is also agreed that I (the Client) will pay _____ of the total settlement made by my Agent , to my Agent And_____, if for any reason a Attorney has to be involve

Claim # 02-11125 KJC.

Peoples Claim Services (P.C.S)
Assistance Claim Handler
6928 Patty Lane, Dallas, TX 75217
(214) 398-3040

FILED
2003 AUG 15 A 10:32

Aug. 14, 2003

RECD AUG 21 2003

Chapter 11, and Exide Technologies, ET AL.
To Whom This Concenr,

Here you will find the Proof of Claim on the people (victim) who wishe to file a settlement Claim aganist all responsible partys, from major to wrongful deaths. From the Lead poisoning exposure in the W. Dallas area.

PROOF OF CLAIM ENCLOUSED IS .....

Vernon Keys, and Children
Lavern Wilson Keys(deceased).
Evelyn Loftis Wright.
Noree Thomas(deceased).
Maranthia Nelson, and Children.
Sharenda Green.
Cleo Thomas.
Williams Thomas.
Betty Thomas.
Ricky Thomas.
Ruthie Anderson.
Nezlia Loftis Williams.

MEDICAL BILLS WILL BE SENT TO YOU BY REQUEST ONLY.

THANKs.

Sincerly.

Lee Thomas