

UNITED STATES BANKRUPTCY COURT Northern DISTRICT OF Illinois

PROOF OF CLAIM

Name of Debtor

K-Mart Corporation

Case Number

02-02474

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):

Dennee Slife

Name and address where notices should be sent:

**C/O Christensen Law Offices, Chtd
3627 S. Eastern Ave.
Las Vegas, NV 89109**Telephone number: **702-792-6022**

- ☐ 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.

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
FEB 25 2002
KENNETH S. GARDNER
MALROOM - MM

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Account or other number by which creditor identifies debtor:

Check here

if this claim

☐ replaces

a previously filed claim, dated: _____

☐ amends

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 _____ to _____
(date) (date)2. Date debt was incurred: **9-21-99**

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

\$ Creditor asserts claim is in excess of \$300,000.00☐ 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 \$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).
- ☐ 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 4/1/04 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

2-19-02

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):

Attorney for Dennee Slife

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2/25/02 ML 373

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

DEFINITIONS

Debtor

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

Creditor

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

Proof of Claim

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed.

Secured Claim

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also *Unsecured Claim*.)

Unsecured Claim

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

Unsecured Priority Claim

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

Items to be completed in Proof of Claim form (if not already filled in)

Court, Name of Debtor, and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

Information about Creditor:

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

1. Basis for Claim:

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.

2. Date Debt Incurred:

Fill in the date when the debt first was owed by the debtor.

3. Court Judgments:

If you have a court judgment for this debt, state the date the court entered the judgment.

4. Total Amount of Claim at Time Case Filed:

Fill in the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

5. Secured Claim:

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above).

6. Unsecured Priority Claim:

Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

7. Credits:

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

8. Supporting Documents:

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

COM
DAVID F. SAMPSON, ESQ.
Nevada Bar No. 8611
CHRISTENSEN LAW OFFICES, CHTD.
3627 S. Eastern Avenue
Las Vegas, Nevada 89109
(702) 792-6022
Attorney for Plaintiffs

FILED

DEC 13 3 48 PM '00

Shirley S. Thompson
CLERK

DISTRICT COURT
CLARK COUNTY, NEVADA

DENNEE SLIFE, individually,)
)
Plaintiff,)
)
vs.)
)
K-MART CORPORATION, a Michigan)
corporation, DOES I-V and DOE)
CORPORATIONS VI-X, inclusive,)
)
Defendants.)

CASE NO:
DEPT. NO:

A428141
XII

COMPLAINT

COMES NOW, Plaintiffs, DENNEE SLIFE, by and through her attorney, David F. Sampson, of CHRISTENSEN LAW OFFICES, CHTD., and for cause of action, alleges as follows:

FIRST CAUSE OF ACTION

1. At all times relevant hereto, Plaintiff, DENNEE SLIFE, was and now is a resident of the County of Clark, State of Nevada.

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1 2. Upon information and belief, at all times relevant hereto, Defendant, K-MART
2 CORPORATION, was and now is a Michigan corporation, duly licensed to do business in the
3 County of Clark, State of Nevada.
4

5 3. The true names and capacities, whether individual, corporate, associate, or
6 otherwise, of Defendants DOES I through V and DOE CORPORATIONS VI through X are
7 unknown to Plaintiff, who therefore sues said Defendants by such fictitious names. Plaintiffs
8 are informed and believe and thereon allege that each of the Defendants designated herein as a
9 DOES and DOE CORPORATIONS are negligently responsible in some manner for the events
10 and happenings herein referred to and negligently caused injury and damages proximately
11 thereby to the Plaintiff as herein alleged; that Plaintiff will ask leave of this court to amend this
12 Complaint to insert the true names and capacities of said Defendants DOES I through V when
13 same have been ascertained by Plaintiff, together with appropriate charging allegations, and to
14 join such Defendants in this action.
15

16 4. On or about September 21, 2000, Plaintiff, DENNEE SLIFE, was a patron on
17 the K-Mart store #3680 located at 3760 Sunset Road, Las Vegas, Nevada, wherein the Plaintiff
18 sustained injuries from a slip and fall from water on the floor.
19

20 5. As a direct and proximate result of the negligence and/or gross negligence of the
21 Defendants, and each of them, as aforesaid, Plaintiff, DENNEE SLIFE, was rendered sick and
22 lame and received injuries to her neck, back, shoulder, arm and head; that further, Plaintiff has
23 sustained a cerebral concussion, herniated discs at C4-5 and C6-7, pain to the cervical,
24 thoracic, and lumbar regions, and great pain, suffering and anxiety; that further Plaintiff was
25 prevented in part from attending to her usual activities, and will be prevented in part from
26
27
28

1 attending to her usual activities in the future; and that further, said injuries have partially and
2 permanently disabled said Plaintiff.
3

4 6. That the carelessness and negligence of the Defendant, K-MART
5 CORPORATION, in breaching a duty owed to the Plaintiff, DENEE SLIFE, which directly
6 and proximately caused the injuries and damages to the Plaintiff, DENEE SLIFE, consisting in
7 and of, but not limited to, the following acts, to-wit:
8

9 (a) Failure to provide a safe premises for the Plaintiff, DENEE SLIFE, to walk in the
10 area of store;
11

12 (b) Failure to warn the Plaintiff, DENEE SLIFE, of the dangerous and hazardous
13 condition then and there existing in the store;
14

15 (c) Failure to properly and adequately train employees; and
16

17 (d) The Defendant, K-MART CORPORATION, failed to remedy a dangerous
18 condition, and that it did not require its employees to use adequate and sufficient
19 caution in walking in the store.

20 7. As a direct and proximate result of the negligence and/or gross negligence of the
21 Defendants, and each of them, as aforesaid, Plaintiff was required to seek medical care and to
22 undergo medical treatment and hospitalization, including, but not limited to, treatment by
23 physicians and the taking of medication; that the total cost of said medical treatment and
24 medication is in excess of \$10,000.00.
25

26 8. As a direct and proximate result of the negligence and/or gross negligence of the
27 Defendants, and each of them, as aforesaid, Plaintiff will, in the future, be required to expend
28

///

1 sums for medical care and treatment for such injuries, all to her damage in a sum in excess of
2 \$10,000.00.
3

4 9. As a direct and proximate result of the negligence and/or gross negligence of the
5 Defendants, and each of them, as aforesaid, Plaintiff has suffered great physical and mental
6 pain, suffering and anxiety, and will continue to do so in the future, all to her damage in a sum
7 in excess of \$10,000.00.
8

9 10. As a direct and proximate result of the negligence and/or gross negligence of the
10 Defendants, and each of them, as aforesaid, Plaintiff, DENNEE SLIFE, was unable to be
11 gainfully employed for a substantial period of time and has incurred lost wages in a sum in
12 excess of \$10,000.00.
13

14 11. As a direct and proximate result of the negligence and/or gross negligence of the
15 Defendants, and each of them, as aforesaid, Plaintiff, DENNEE SLIFE, will be prevented from
16 attending to her usual employment in the future, all to her damage in a sum in excess of
17 \$10,000.00.
18

19 12. That the Plaintiff has been required to obtain the services of an attorney in order
20 to prosecute this action, and is entitled to recover reasonable attorney's fees and costs of suit.
21

22 WHEREFORE, Plaintiff prays judgment against Defendants, and each of them, as
23 follows:

- 24 1. For past medical treatment in an amount in excess of \$10,000.00;
25 2. For future medical treatment in an amount in excess of \$10,000.00;
26 3. For past and future pain, suffering, anxiety and general damages in an amount in
27 excess of \$10,000.00
28

4. For past lost wages in an amount in excess of \$10,000.00;
5. For future loss of income in an amount in excess of \$10,000.00;
6. For reasonable attorney's fees and costs of suit; and
7. For such other and further relief as the court may deem just and proper.

DATED this 11th day of December, 2000.

CHRISTENSEN LAW OFFICES, CHTD.

By: 

DAVID R. SAMPSON, ESQ.

Nevada Bar No.

3627 S. Eastern Avenue

Las Vegas, Nevada 89109

Attorney for Plaintiff

DENNEE SLIFE

SUMMARY OF MEDICAL TREATMENT & EXPENSES FOR DENNEE SLIFE

Medical Provider	Dates of Treatments	Service Provided	Bill Amount	Diagnosis
Michael Schlack, M.D. Green Valley Urgent Care	9/21/99	Medical treatment	\$ 70.00	Cerebral concussion, cervical and thoracolumbar strain
David Lanzkowsky, M.D. Diagnostic Imaging	10/06/99 02/29/00 04/01/00 04/12/00 04/29/00	MRI	\$ 5,608.00	Bulging disk disease, facet syndrome, radiculopathy
Reynold Rimoldi, M.D. Crispino Santos, M.D. Advanced Orthopedic Care	10/18/99 to 12/13/99	Orthopedic Evaluation	\$ 1,326.00	Cervical disc protusion C4-5 and C6-7
Henri Wetselaar, M.D. Pacific Family Clinic	10/22/99 to 2/18/00	Physical Therapy	\$ 6,019.60	Blunt head trauma, cervical strain, thoracic strain, lumbosacral strain, Headaches, craniocerebral injury With concussion, nausea and Dizziness, herniated disc C4-5 and C6-7, anterior disc herniation C4 to C7
Crispino Santos, M.D. Valley View Surgery Center	11/16/99	Surgical procedure	\$ 1,331.00	C4-5 and C6-7 disc protusion
David Lanzkowsky, M.D. Southern Nevada Pain	02/29/00 to 06/14/00	Medical treatment	\$10,322.40	Cervical radiculopathy, cervical enthesopathy, herniated nucleus

Consultants

pulposus cervical spine, lumbar
enthesopathy, lumbar radiculopathy

Howard Alltounian
PBS Anesthesia

04/12/00

Anesthesia

\$ 1,040.00

Michael Krieger, M.D

3/21/00

Neurological
Evaluation

\$ 1,555.00

Mild right carpal tunnel syndrome,
radiculopathy

Raxo Drugs

2/29/00 to
7/31/00

Prescriptions

\$ 754.49

Vanessa Godin, M.D

06/12/00 to
08/01/00

Pain
Management

\$ 6,048.80

Disability evaluation and
neurological evaluation

Estimated Surgery

\$96,200.00

Cervical Discectomy and Fusion

TOTAL:

\$130,275.29

Date: 8/1/00

GLOBAL MED-CARE, L.L.C.
Surgical Estimate

Patient: Dee Sife

Attorney: David Sampson ESQ

Surgeon: Dr. Rinoldi

CPT Code(s) _____

Surgery Type: General Rectectomy & Hysterectomy

Surgeon	16000 ⁰⁰		
Assistant Surgeon	2200 ⁰⁰		
Anesthesiologist	2500 ⁰⁰		
Pre. Op/Lap	1000 ⁰⁰		
Facility	55000 ⁰⁰ - 65000 ⁰⁰		
Prosthetic / Orthotics	N/A		
Durable Medical Equipment	4000 ⁰⁰		
Physical Therapy	3500 ⁰⁰		
Total	86200 ⁰⁰ - 96200 ⁰⁰		

Fees and Costs Estimated. The above amounts are estimates of the fees and costs of the surgery which the undersigned (hereinafter, "Patient") proposes to undergo (hereinafter, the "Proposed Surgery") represented by the above-listed CPT codes.

Liens. Patient acknowledges that in addition to being receivables collectable against Patient, the actual amounts of the costs estimated above shall be the subject of liens against any and all proceeds derived from Patient's claim for personal injuries arising from the incident which occurred on 9/21/99.

Risks of Surgery. Patient expressly acknowledges that Patient has thoroughly discussed with his or her treating physicians all aspects of the Proposed Surgery, including all risks of such surgery, and that Patient desires to undergo the Proposed Surgery. Patient further acknowledges that Global Med-Care, L.L.C. is a lien holding company and not a provider of medical services. Accordingly Global Med-Care, L.L.C. neither assumes nor bears any liability for any professional negligence by any health care provider participating in the Proposed Surgery.