

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

PROOF OF CLAIM

Name of Debtor:  
K MART CORPORATION, ET AL

Case Number:  
02-B02474

NOTE: This form should not be used to create a claim for an administrative expense arising after the commencement of the case. A separate form must be administered. Administrative expenses 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):  
Rex Newbold

Name and Address where notices should be sent:

Stephen C. Mayer  
1038 W. 103rd Street  
Kansas City, MO 64114

Telephone # 816-941-8949

- 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.

This Space is for Court Use Only

Account or other number by which creditor identifies debtor:

Check here if  replaces 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 \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

2. Date debt was incurred:  
September 21, 1998

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$300,000.00

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 \$4,300)\* 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 4/1/01 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.

This Space is for Court Use Only

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RECEIVED  
TRUMBULL SERVICES  
COMPANY

3-8-02  
2002 MAR -8 AM 9:37

BANKRUPTCY


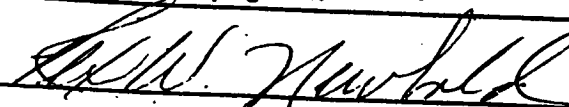
Date  
3-4-02

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):

Stephen C. Mayer. Attorney *Stephen Mayer*

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.

# Statement of Injured

Name <b>REX W. NEWBOLD</b>		Married/Single <b>MARRIED</b>	Telephone# <b>913-631-6921</b>
Address (Street, City, State, Zip) <b>5861 PARK Circle SHAWNEE Ks 66216-4917</b>		Occupation <b>Retired High School Teacher</b>	Average Weekly Wage <b>884.27/Retired</b>
Name and ages of dependents <b>VERA (Wife 65) JENNY (married daughter 30)</b>		Date of Birth <b>3-17-35</b>	Social Security #: <b>510-30-2827</b>
Employer's name and address <b>KANSAS City Ks Public Schools 625 Minnesota Ave. Kansas City Ks 66101</b>			
Height <b>5'8"</b>	Weight <b>210 lbs</b>	Color of eyes <b>Blue</b>	Color of hair <b>DARK BROWN / GRAY</b>
Date, time and place of this accident <b>Sept. 21 Between 1:00 to 3:00 PM About 7 to 10 feet inside front Door, AT KMART #3656</b>		Right or left handed <b>RIGHT</b>	
Describe in detail what you were doing and what happened when you were injured (continue on separate sheet if necessary) <b>I ENTERED KMART AND just cleared the door (7 to 10 feet). I had my grandson (age 32 months) in the seat of a KMART cart, when I was hit by a CARRYING CART (cart that transports merchandise) at my left ankle. The force was so great I had a hard time controlling the KMART cart. The pain was sudden and severe. Moments later (5 to 10 seconds) an <sup>even</sup> more severe pain went to my left knee &amp; left hip. My wife took the KMart cart, but still held on to the side. The pain was so intense I began feeling sick to my stomach (over)</b>			
Name and addresses of witnesses having knowledge of your accident <b>MIKE KMART Store #3656</b>			
Name of treating physician <b>TANSON KMART Store #3656</b>			
Describe your injury <b>Severely sore &amp; weak left Hip - left Knee sore</b>			
Name, address & phone number of treating physician <b>DR Arthur Dick 913-588-6970 3901 Rainbow Blvd KANSAS City Ks 66166</b>			
Date of 1st visit <b>Oct 9, 1998</b>	# of times seen by physician <b>1ST Time For This incident</b>		Date of last visit? <b>?</b>
Are you still receiving treatment? <b>NO Appt. 10/9/98</b>	How often? <b>N/A</b>	Were you compelled to stop work because of this injury? <b>RETIRED</b>	
When disabled, state present condition <b>N/A</b>		Have you returned to work? If so, on what date? <b>RETIRED</b>	
		When do you expect to return to work? <b>RETIRED</b>	
Have you ever had a previous injury resulting in permanent or partial disability? If yes, explain <b>Polio AGE 18 months - Post Polio Syndrome Feb 25, 1994</b>			
Date <b>Sept 28, 1998</b>	Signature of Injured 		
I authorize, by photocopying hereof, will authorize you to give Integrated HEALTHCARE Delivery Services or its representative information you may have regarding my condition while under your observation or treatment, including the history obtained and physical findings, diagnosis and prognosis.			
Signature of Injured 			
Address <b>5861 PARK Circle SHAWNEE Ks 66216</b>			

My wife told me I needed to report the incident. I let go of the car and went toward the customer service desk. Prior to this, Jason (the employee who pushed the cart that hit me) made an apology followed by laughter. One of the customers at the customer service desk commented on the apology & the employees laughter. After another minute or less, the pain got so bad I used a wheel chair that was near by. I talked to Mike at customer service, who said he saw the incident and he said he would get someone to help me. About 5-10 minutes later, Chris Wilson came to make a report. My <sup>left</sup> hip has not responded very well. My <sup>left</sup> knee is still a little weak. I had called my primary physician who suggested using a heat pad & taking Aleve. Neither has been helpful.

Sept 28, My left knee is still a little weak and my left hip is still hurting and a great worry to me. I had polio at 18 months and during the last (approximately) 15 to 20 yrs., a condition known as Post-Polio Syndrome has been a concern to me. My left leg has always been the weaker of my legs and I have been very protective of my legs. When the incident occurred and especially a week later, my concern is about my physical health. On Sept 28, I made an appointment with Dr. Arthur Dick, KANSAS UNIVERSITY Medical Center, Dept of Neurology, 3901 Rainbow Blvd, KANSAS City, KANS. 66160 the appointment is for Oct 9. Dr. Dick has been my Neurologist for several yrs.

If ANY Additional information is NEEDED, Please contact me.

Bill Hubert

**Kansas University Physicians, Incorporated**  
**Department of Neurology**

Richard J. Barohn, M.D.  
Arthur R. Dick, M.D.  
Richard M. Dubinsky, M.D.  
Sharon G. Lynch, M.D.

3901 Rainbow Boulevard  
Kansas City, Kansas 66160-7314  
(913) 588-6970

Appointments: (913) 588-6985  
Fax: (913) 588-6965

Edison Miyawaki, M.D.  
Ivan Osorio, M.D.  
Rajesh Pahwa, M.D.  
Larry Ridings, M.D.  
Dewey K. Ziegler, M.D.

August 13, 2001

David Johnson, M.D.  
8940 State Avenue  
Kansas City, KS 66112

**RE: Rex Newbold**  
**KUMC #851-69-90**

Dear Dr. Johnson:

I had the pleasure of seeing this 66-year old patient in a follow-up visit on 8/13/01. His last visit was on 8/4/00.

He continues to have left hip pain which is post-traumatic from an injury occurring in September of 1998. In March of 2000 his orthopedic surgeon, Dr. Gaddy, removed the bursa from the left hip which provided some pain relief but the post-traumatic pain, made worse with standing or walking, persists and the patient reports that it is getting worse over time.

Vioxx or Aleve is helpful for this pain. The patient is doing exercises at home. His other medications are Flomax, Aspirin and Claritin.

The neurologic review of symptoms is negative for numbness, tingling or radiation of pain as might occur with a radiculopathy.

On examination, the patient walks with a "limp" with the left lower extremity which appears to be shorter than the right. The patient reports pain in the left hip with weight-bearing. Strength in the left lower extremity is about 3+/5 except for foot dorsiflexion which is about 4+/5. Deep tendon reflexes are absent. Sensation appears to be normal.

In summary, this patient has post-polio syndrome and post-traumatic left hip pain.

I believe that the injury which the patient sustained in September of 1998 is responsible for the hip pain. In reviewing my clinic notes, the patient reported almost immediate pain in not only the ankle where he was actually struck, but also the knee and hip. I believe that all three areas were affected by the blow to the ankle because of weakness in the left lower extremity due to preexisting post-polio syndrome. Such weakness can render joints and soft tissue of the entire extremity to be vulnerable to injury. Specifically, this may include unusual and harmful mechanical effects on joints and soft tissues as the body reacts to pain and/or attempts to

August 13, 2001  
David Johnson, M.D.  
8940 State Avenue  
Kansas City, KS 66112

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**RE: Rex Newbold**  
**KUMC #851-69-90**

maintain postural stability. It is also true that post-polio patients are vulnerable to pain in affected extremities and by the patient's history and the medical records, such pain was not present until the patient sustained trauma to the extremity in September of 1998.

I hope this is of help and that you will contact me if there are questions or if you feel I can be of assistance in some other way.

Sincerely,



Arthur R. Dick, M.D.  
Professor  
Department of Neurology  
KUMC

ARD/dn

D 8/13/01  
T 8/28/01

C: Stephen Mayer  
Attorney at Law  
103<sup>rd</sup> and State Line  
Kansas City, MO 64114

**Kansas University Physicians, Incorporated**  
**Department of Neurology**

Charles DeCarli, M.D.  
Arthur R. Dick, M.D.  
Richard M. Dubinsky, M.D.  
William C. Koller, M.D.  
Chi-Wan Lai, M.D.  
Sharon G. Lynch, M.D.

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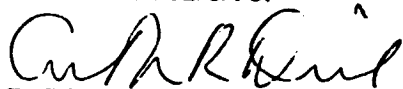
January 22, 1999

Rex Newbold  
5861 Park Circle  
Shawnee, KS 66216

RE: Rex Newbold  
KUMC #851-69-90

To Whom It May Concern:

Mr. Newbold continues to have left hip pain as a result of the injury he sustained on about September 21, 1998, when he reports he was hit from behind by a stock truck at a K-mart store. Although the pain is very gradually diminishing it is still troublesome for him. I believe he is more vulnerable to such injury because of the hip deformity (coxa valga) which is more obvious on the left than right side and is related to his having had polio and to his post-polio syndrome. This will require continued regular medical treatment and has required an x-ray of his left hip which was done on 12/8/98.



Arthur R. Dick, M.D.  
Professor  
Department of Neurology  
KUMC

ARD/dn

D 1/22/99  
T 2/2/99

## SPECIALS

Shawnee Mission Medical Center.....	\$7,452.01
Shawnee Mission Orthopaedics.....	1,861.00
Kansas University Neurology.....	347.00
Dr. David B. Johnson.....	153.00
<i><b>Total Specials....</b></i>	<u><b>\$9,813.01</b></u>

**MAYER & ROSENBERG**  
ATTORNEYS AT LAW  
1038 WEST 103<sup>RD</sup> STREET, KANSAS CITY, MISSOURI 64114-4510

STEPHEN C. MAYER

DAVID ROSENBERG

TELEPHONE: 816-941-8949

FACSIMILE: 816-941-8932

TOLL FREE: 888-941-4997

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March 4, 2002

Kmart Corp c/o Trumbull Services  
P.O. Box 426  
Windsor, CT 06095

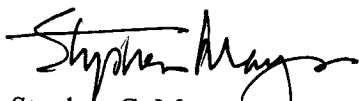
**Re: Case: 02-B02474**  
**Our Client: Rex Newbold**

Dear Sir:

Enclosed please find an original and one copy of a Proof of Claim for our client Rex Newbold. Also enclosed are copies of supporting documentation.

Please send back an acknowledgement of this filing in the enclosed, stamped envelope.

Sincerely,

  
Stephen C. Mayer

cc: Landmark Document Services  
308 West Randolph, Ste 500  
Chicago, IL 60606

Enclosure  
SCM/kth