

*FILE ORIGINAL FOR CHAPTERS 7 and 11, IN DUPLICATE FOR CHAPTER 13, FOR DATE-STAMPED COPY, SEE #9 BELOW

United States Bankruptcy Court Northern District of Illinois, Eastern Division		<input type="checkbox"/> CH 7 <input type="checkbox"/> CH 13 <input checked="" type="checkbox"/> CH 11 PLEASE CHECK CHAPTER
Name of Debtor Kmart Corporation		Case Number 02-02474
Name of Creditor (The person or other entity to whom the debtor owes money or property) Arthur Millman, Esq. Attorney for Kevin Kenney		PROOF OF CLAIM File Claim Form With: United States Bankruptcy Court P. O. Box A3613 Chicago, Illinois 60690-3612 Creditor # _____ THIS SPACE IS FOR COURT USE ONLY
Name and Address Where Notices Should be Sent Mark D. Arons, Esq. 234 Main Street Westport, CT 06880 Telephone No. (203)341-9550		
Account or other number by which creditor identifies debtor: Claim No.: 20000703328		
Check here if this claim <input type="checkbox"/> amends <input type="checkbox"/> replaces a previously filed claim dated: _____		
1. BASIS FOR CLAIM <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Money loaned <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114 (a) </div> <div style="width: 45%;"> <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Other _____ </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) </div>		
2. DATE DEBT WAS INCURRED: <u>11/29/01</u>		
3. IF COURT JUDGMENT, DATE OBTAINED: \$ <u>6,500.00</u>		
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. <input type="checkbox"/> 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 <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____	6. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan-11 U.S.C. § 507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child -11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. § 507(a) _____ <small>*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.</small>	
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: <u>Attach copies of supporting documents</u> , 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. ANY ATTACHMENT MUST BE 8-1/2" BY 11" 9. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and an additional copy of this proof of claim.		
Date: <u>3/8/02</u>	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) <u>attorney</u>	
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
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS
 MAR 12 2002
 CLERK'S OFFICE
 603

INSTRUCTIONS FOR FILING 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 the 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, Eastern District of Virginia), 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.

Sedgwick Claims Management Services, Inc
3270 West Big Beaver
Suite 2W
Troy, MI 48084

DATE	CHECK AMT	CHECK NO.
11/29/2001	6,500.00	0001207162
PAYEE	TAX ID	
KEVIN KENNEY AND HIS ATTORNEY, ARTHUR	MI061099127	
SCMS UNIT	PAGE	
183 Sedgwick Claims Management Services	001	

177 01008844183183 001 OF 001

Law Offices of Arthur Millman
234 Main St.
Westport, CT 06880

Claimant Name	Loss Date	Claim Number	SSN
KENNEY, KEVIN	07/02/2000	20000703328-0001	
Amt Paid: 6500.00 Description: Settlement of all claims			
Dates: 07/02/2000 - 07/02/2000 Comment: Full and final settlement of claim against Kmart Corp			

E1291.FRM (02-28-01)



ORIGIN
1831845

DATE
11/29/2001

CHECK NO.
0001207162

62-22
311

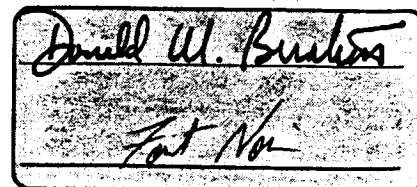
PAY ONLY 6500.00

PAY *SIX THOUSAND FIVE HUNDRED AND 00/100 DOLLARS*
TO KEVIN KENNEY AND HIS ATTORNEY, ARTHUR MILLMAN
THE
ORDER
OF

\$6500.00

First Union Bank of Delaware
Wilmington, DE

VOID AFTER 60 DAYS



0001207162001031002251207995005970311



Kmart Customer Incident Center
Sedgwick Claims Management Services, Inc.
P.O. Box 5058, Troy, MI 48007-5058
Phone: (248) 463-7577
Fax: (248) 463-6637

February 1, 2002

Law Offices of Arthur Millman
234 Main St.
Westport, CT.06880

RE: Kmart Corporation
Claimant: Kevin Kenney
Date of Loss: 7/2/00
Our File No.: 20000703328

Dear Mr. Millman:

Sedgwick Claims Management Services, Inc. ("Sedgwick CMS") is the Third Party Administrator for Kmart Corporation's ("Kmart") liability claims program. As a Third Party Administrator, Sedgwick CMS does not insure Kmart's claims, but only adjusts such claims with funds provided by Kmart. As you have probably read or heard, Kmart filed a bankruptcy petition in the United States Bankruptcy Court for the Northern District of Illinois, case number 02-02474, on January 22, 2002. The check which you may have received in payment of your claim will not be honored because Kmart filed the bankruptcy petition.

You should consider consulting counsel to promptly protect your claim and legal interests.

Sincerely,

A handwritten signature in cursive script that reads 'Joseph Lama'.

Joseph Lama
Claims Examiner II

Cc: Ms. Kathryn McCurry

Release - General

To all to whom these Presents shall come or may Concern,

Greeting: Know Ye, That Kevin Kenney of Bridgeport, Connecticut

for and in consideration of Six Thousand Five Hundred (\$ 6,500.00) Dollars ^{hereinafter designated as the Releasor,}

to the Releasor by K-Mart Store #4929 in New Haven, CT and Sedgewick Claims Management Services, Inc. hereinafter designated as the

Releasee, the receipt whereof is hereby acknowledged, has remised, released and forever discharged, and by these Presents, Releasor does remise, release and forever discharge the said Releasee of and from all dues, sums of money, accounts, debts, obligations, reckonings, promises, covenants, agreements, contracts, endorsements, bonds, specialties, controversies, suits, actions, causes of actions, trespasses, variances, judgments, extents, executions, damages, claims or demands, in law or in equity, which against the said Releasee, the Releasor ever had, now has or hereafter can, shall, or may have, for, upon or by reason of any matter, cause or thing whatsoever, from the beginning of the world to the day of the date of these Presents for, upon or by all injuries, known and unknown, both to person and property.

More particularly any and all claims for damages and injuries sustained as a result of an incident which occurred on July 2, 2000 in New Haven, Connecticut.

Releasee declares that the terms of this Release have been completely read and are fully understood and voluntarily accepted for purposes of making a full and final compromise settlement of any and all claims, disputed or otherwise, on account of the injuries and damages above mentioned, and for the express purpose of precluding forever any further or additional claims arising out of such

Wherever in this instrument any party shall be designated or referred to by name or general reference, such designation is intended to and shall have the same effect as if the words "heirs, executors, administrators, personal or legal representatives, successors and assigns" had been inserted after each and every such designation and all the terms, covenants and conditions herein contained shall be for and shall inure to the benefit of and shall bind the respective parties hereto, and their heirs, executors, administrators, personal or legal representatives, successors and assigns, respectively.

In all references herein to any parties, persons, entities or corporations the use of any particular gender or the plural or singular number is intended to include the appropriate gender or number as the text of the within instrument may require.

In Witness Whereof, the said Releasor has signed and sealed this instrument or caused these presents to be signed by its proper corporate officers and its corporate seal to be hereto affixed this 16 day of November 2000

Signed, Sealed and Delivered in the presence of
or Attested by

Barbara Yuchitaki
Barbara Yuchitaki

Arthur Hillman
Arthur Hillman

Kevin Kenney (L.S.)
Kevin Kenney

By _____
Secretary President

STATE OF CONNECTICUT, COUNTY OF
Personally Appeared

Fairfield

SS:

Westport

Kevin Kenney

Signer and Sealer of the foregoing Instrument, and acknowledged the same to be
free act and deed
before me.

Arthur Hillman
Notary Public
Commissioner of the Superior Court