

UNITED STATES BANKRUPTCY COURT <u>Northern</u> DISTRICT OF <u>Illinois</u>		PROOF OF CLAIM
Name of Debtor K Mart Corporation, et al		Case Number 02 B 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): Alex Medina		<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 checked="" 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.
Name and address where notices should be sent: Jenkins & Associates, PLC 2151 Convention Center Way, #208 Ontario, CA 91764		
Telephone number: (909) 937-0055		THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor: File #200109730640001		
		Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
2. Date debt was incurred: <u>9/29/01</u>		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ <u>5,000.00</u> 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, 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 \$4,650),* 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). <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"/> 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 4/1/04 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: 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 KP 616 3/18/02
Date 3/13/02 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): Christine R. Miller, Esq. Jenkins & Associates, By Christine R. Miller,		
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.		



Kmart Customer Incident Information

KMART 4282
333 S. HACIENDA BLVD
INDUSTRIY CA 91745

Store Stamp

Dear Kmart Customer,

We want you to have a positive experience every time you visit our store. If you have experienced an accident or loss of any kind while visiting us, please provide the information requested below. This information will help us meet our goal of continuous improvement in the operation of our store. It will also help us in contacting you to make sure we are providing the service you expect.

Please take the white copy of this document for your records. If after leaving the store you wish to provide further information or have any questions about your incident, please call our Store Team Manager.

We are sorry you had an unpleasant experience while our guest. We look forward to serving you better in the future.

Sincerely,

Your Kmart Store Management

Store Phone Number: 626-968-4689

TO BE COMPLETED BY CUSTOMER:

Customer name: Alex Medina Customer's Street Address: 13903 Pagus St
City: LA Puente State: Ca Zip: 91746 Phone: 626-814-1231
Customer's employer: DAWES TRANSPORT Customer's sex: M
Customer's Date of Birth: 4-1-51 Customer's Social Security Number: 568-82-7325
If injury to a child: Child's name: N/A Child's age: N/A Parent's name: _____

Customer's Description of Incident:

Date of incident: 9-29-01 Location of incident: Health + Beauty
Time of incident: 6:00 p.m. What happened? I was walking towards my wife thru center display of Soft Soap and slipped - fell due to spilled Soft Soap on floor - hit fell and landed on left hip and right hand.

Do you wish to be contacted? Yes Date reported: Sept 29 Signature of Customer: X Alex Medina



Kmart Customer Service Unit
Sedgwick Claims Management Services, Inc.
P.O. Box 5058, Troy, MI 48007-5058
Phone: (248) 637-4266
Fax: (248) 649-0884

November 13, 2001

Jenkins & Associates
2151 Convention Center Way
Ontario, CA 91764

Re: Claimant: Alex Medina
Loc/Incident: STORE #4282, Hacienda Heights, CA
File No.: 20010973064
Date of Loss: 09/29/2001

Dear Mr/Ms. Jenkins:

This letter will serve as acknowledgement of your representation of the aforementioned. Please be advised that we are the Third Party Administrator responsible for handling Kmart liability claims.

In response for request for disclosure of certain insurance information, please be advised that Kmart is self-insured for this matter. However, I will be handling the file regarding this alleged incident. Any further correspondence should be directed to my attention.

Please have your client complete the Statement of Injured/Medical Authorization Form enclosed and return. We need name and mailing address for the Ambulance Company, Hospital (E/R), Neurologist, Orthopedist, Chiropractor, MRI facility, Radiology lab, and any other facilities your client may have visited.

Thank you for your cooperation.

Sincerely,

Bridget Abram
Claims Examiner
K-Mart Customer Service Unit
Direct Dial (888)562-7855

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DESIGNATED REPRESENTATIVE

Pursuant to California Department of Insurance Code of Regulation, Title 10, Chapter 5,
Subchapter 8, §2695.2 (c).

I/We ALEX MEDINA have appointed
JENKINS & ASSOCIATES, A Professional Law Corporation, as my/our designated
representative for damages arising from the date of loss of 9-29-01.

Alex Medina
Signature

10/1, 2001

Signature

_____, 2001

S. Leslie Jenkins

President
California,
New York &
Federal Bar

Robert L. Jenkins
Office Administrator

JENKINS & ASSOCIATES

A Professional Law Corporation
2151 Convention Center Way, Suite 208
Ontario, California 91764
Telephone: (909) 937-0055
Facsimile: (909) 937-7060

Peter M. Schnirch
California & Federal Bar

Christine R. Miller
California & Federal Bar

Debra Ann Butler
Office Manager

March 13, 2002

CERTIFIED MAIL

Kmart Corporation
C/O Trumbull Services
P.O. Box 426
Windsor, CT 06095

Re: Our Client : Alex Medina
Your File No : 200109730640001
Date of Loss : September 29, 2001

Dear Gentleperson:

Enclosed is a *Proof of Claim Form* for our client Alex Medina in regards to Kmart Corporation's bankruptcy case number 02 B 02474. Per the U.S. Bankruptcy Court, Northern District of Illinois' web site we are sending it to this address.

This office has been retained to represent the above client for the recovery of injuries and damages in connection with the above referenced loss. Please direct any communication with our client through this office. Enclosed please find a copy of the Claimant Designation form properly executed by our client.

I would appreciate an acknowledgement of the filing of my client's claim, therefore, I have enclosed a SASE and a copy of the claim form. Thank you for your professional courtesy and cooperation in this matter.

Very truly yours,

JENKINS & ASSOCIATES



Christine R. Miller

Enclosures