

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

PROOF OF CLAIM
CHAPTER 11

Name of Debtor Against Which You Assert Your Claim
Kmart Corporation

Case Number
272 238

This Space Is For Court Use Only

Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the Debtors' bankruptcy cases. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

A. Name of Creditor (The person or entity to whom the debtor owes money or property):
Mable Barnes
Albert Barnes
(248) 399-8938

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement providing details.
 Check this box if you have never received any notices in this case.

B Please add or amend creditor information here.
(Check box if: replaces address above additional address)
Company/Firm efo Sharon Brookins Jones ESQ
Name _____
Address 49 Macomb Place #23
Mt Clemens, MI 48043

Telephone Number (313) 598-3265
Fax Number (313) 965-0372
Tax Identification or Social Security Number _____

Account or Other Number by Which Creditor Identifies Debtor:
02-6945-NR

Check here replaces if this claim amends a previously filed claim, dated _____

1. Basis For Claim:
 Goods sold to debtor(s)
 Services performed for debtor(s)
 Goods purchased from debtor(s)
 Money loaned
 Taxes
 Other _____

Personal injury/property damage
 Severance agreement
 Refund
 Personal property lease
 Real property lease
 Other contract _____

Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Wages, salaries and compensation (fill out below)
Your Social Security No _____
Unpaid compensation for services performed
From _____ to _____
(date) (date)

2. Date Debt Was Incurred: 03-29-2001

3. If claim is based on a court judgment, date obtained: _____

4. Total amount of claim at Time Case Filed: \$ 25,000
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below
 Check this box if your claim includes interest or other charges in addition to the principal amount of the claim. Attach an 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 the 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 of 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 account of 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 such supporting 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 return envelope and copy of this proof of claim.

This Space Is For Court Use Only
3/25/02 ML 745
RECEIVED
TRUSTEES SERVICES
COMPANY
2002 MAR 25 PM 1:53
BANKRUPTCY

Date: 3/15/02
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)
Print Sharon Brookins Jones Title (if any) Attorney
Signature Sharon Jones

Kmart Customer Incident Information

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: 1-248-968-1900

TO BE COMPLETED BY CUSTOMER:

Customer name: MABLE BARNES Customer's Street Address: 13411 Buxton
 City: Oak Park State: MI Zip: 48237 Phone: 248-399-893
 Customer's employer: house wife Customer's sex: F
 Customer's Date of Birth: 11-13-45 Customer's Social Security Number: _____
 If injury to a child: Child's name: _____ Child's age: _____ Parent's name: _____

Customer's Description of Incident:

Date of incident: 3-29-01 Location of incident: _____
 Time of incident: (CASE) What happened?: (Lidguid)
Box of Purax (Full container) Boxes
fell on thigh part (leg)

Do you wish to be contacted? _____ Date reported: 3-29-01 Signature of Customer: Mable Barnes

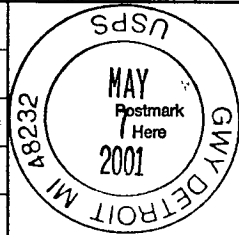
White copy - for Customer

CERTIFIED MAIL RECEIPT*(Domestic Mail Only; No Insurance Coverage Provided)*

49 Macomb Place
 Suite # 33
 Clemens, MI 48043-5600

Kmart Store 3730

Postage	\$ 34
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.74



Macomb County Office (810) 948-7073
 Wayne County Office (313) 598-3265
 fax (313) 993-3986
 e-mail address: winverdict@usa.net

17000 0520 0015 6223 1671

PS Form 3800, February 2000 See Reverse for Instructions

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Kmart
 Street, Apt. No.; or PO Box No.
 26200 Greenfield
 City, State, ZIP+4
 Oak Park, MI 48237

Kmart, Store #3730
 26200 Greenfield
 Oak Park, Michigan 48237
 (248) 968-1900

RE: Mable Barnes, Incident on March 29, 2001
Notice of Intent to File Suit

Attention Kmart Management:

This letter is to advise you that Mrs. Mable Barnes has retained this law office to represent her concerning an accident that occurred in your store on March 29, 2001.

On that date, Mrs. Barnes was shopping in your store during its regular business hours. An employee injured Mrs. Barnes when a case of liquid laundry detergents fell from the pallet that the employee was pushing through the store. The case fell upon and struck Mrs. Barnes. Mrs. Barnes continues to suffer pain, discomfort and a disfiguration from the force of that blow.

Please forward this letter to your insurance company. I request that your insurance representative contact me at (810) 948-7073. Also, in lieu of a subpoena or other court order at this stage, I kindly request that you continue to preserve the store's videotape of that incident. Thank you.

Sincerely,

Sharon Brookins

Enclosure

Sharon Brookins Jones
 Attorney at Law

COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to
 Kmart Store
 26200 Greenfield
 Oak Park, MI 48237

2. Article Number (Copy from service label)

PS [Redacted]

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 5-8-01

C. Signature
 X *Amalloy* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7090 0520 0915 10223 161

→ Kmart Corp
 James E.
 DeFebaugh
 3100 W. Big Beaver Rd
 Troy, 48064



Cambridge

Integrated Services Group, Inc.

General Liability Department

P.O. Box 970, Birmingham, Michigan 48012

☎ 248 816-7800 ☎ 248 816-7835

May 9, 2001

SHARON BROOKINS

49 MACOMB PLACE

SUITE 33

MOUNT CLEMENS MI 48043-5600

Re: Name: MABLE BARNES
Date of Incident: 03-29-2001
Our File#: 272238
Location: Kmart #3730 Oak Park, MI

Dear Ms. Brookins:

This letter is in response to yours dated May 4, 2001, and will acknowledge your representation of Ms. Barnes. I will be handling the file regarding this alleged incident at the Oak Park Kmart store. Any future correspondence should be directed to my attention.

Please have your client execute the enclosed Statement of Injured/Medical Authorization form and return it to me along with copies of any medical bills or reports you possess with respect to this incident. In addition, we require a copy of your client's Drivers License or other valid State ID.

I previously offered your client \$300 to settle her claim. In the interest of avoiding the above process, this offer will remain until June 1, 2001.

Your cooperation will be appreciated.

Very truly yours,

Tina Graf
Claims Adjuster

TG/me
Enc.

BARNES, MABLE
13411 BURTON
BLUE CARE NETWORK

11/13/1945 021720
OAK PARK MI.-48237

DATE: 04/23/01
Elena Akkerman, M.D.

(248)399-8938

COPY: NO COPY;

INSURANCE AUTHORIZATION ASSIGNMENT: I hereby authorize INTERNISTS 2000
To furnish information to insurance carriers concerning my illness and
Treatment and hereby assign to INTERNISTS 2000 all payments for medical
Services rendered to me or my dependents I understand that I am
Responsible for any amount not covered by insurance

Mable Barnes
SIGNATURE

04-23-01
DATE

TESTS CURRENT SYMPTOMS PAST MEDICAL HISTORY TREATMENTS/MEDICATIONS

- | | | |
|-------|--------------|-----------|
| EKG | Wt Gain Loss | Bone Pain |
| FBS | Chills | Jt Pain |
| BUN | Fever | Back Pain |
| URIC | Fatigue | PM Cramps |
| CA | HA | Jt Swell |
| PHOS | Faint | Heat |
| ALKP | Dizziness | Skin-Dry |
| SGOT | Vision-Eyes | Itch |
| LDH | Hearing-Ears | Acne |
| CPK | Mouth | Sweats |
| CREAT | Neck Pain | Rash |
| | S-O-B Wheez | Sleep Exc |
| | Pres Pain | Lack |
| | Cough | |
| | Angina | Memory |
| | Palps | Balance |
| | Appetite | Numbness |
| | Dysphag | Allergies |
| | | Hives |
| | Ht Burn-Gas | Hay Fever |
| | Naus Vomit | Asthma |
| | Diarr | Thirst |
| | Constip | |

Mammogram
1999 per po.
Refused PAP smear.

- *NA
- *K
- *CL
- *CHOL
- *TRIG

- Abd Pain
- Hemorrhoids
- Freq Urine
- Burn Dysur
- Pus

- Cravings
- Flashes
- Impotent
- Bleeding
- Bruising

WT 149 BP STAND L _____ R _____
BP SIT 160/90 R HR 70 RR 18
BP LYING L _____ R _____

S. About 1 month ago a box of liquid detergent fell on the leg in the store (K-mart). And it is still little scar 0! leg 6 inch x 2 inch - darkening of the skin (upper thigh). most probably secondary to the old bruise. 0.3 x 0.3 cm void area in the middle of the lesion.

- T4
- T3 RIA
- TSH
- DILANTIN LEVEL
- DIG
- QUIN
- THEO
- OCC BLD

PAT BAL: \$ 00
COMP OFFICE

INS BAL \$ 00

2

- URINE
- CBC
- SED
- HOLTER
- XRAY
- CARDIO GRAM
- ECHO
- U/S ABD
- PELVIS
- ARTERIAL VENOUS DOPPLER
- BONE DENSITY
- WKS

RETURN _____

Returned

RHONDA K. Lewis
Clock # 303
Bruise from
Pallet on left
Thigh

3-30-01

Returned
(K-Mark)

MANAGER'S DOCUMENTATIONS of ON GOING INJURY

Returned

4-5-01 at 10:29 AM
Barnes Mobile Returned to K-Mart (3730)
and I (Marveta Hoskin) witnessed the bruise
on Mrs. Barnes left thigh is still RED & DARK
Marveta Hoskin

Customer Cop.

Returned

4-23-01

Bruise still shows on left
thigh with lumps beneath
Bruise

Dr. Akkerman Documented
Bruise still present with soreness
& lumps ON 4-23-01

OAK PARK, MI
48237
telephone - 1-248-399-8938

Management,

I MABLE Barnes ON 3-29-01
was injured on Leg (thigh) by a
Case of Purex Liquid detergents
that fell off Pallet being pushed
by a store Employee.

ON 3-30-01 I returned
to K-Mart for photo to be
taken of swollen and
bruised scar and to
ask for compensation.

Mable Barnes
13411 Burton
OAK PARK, MI 482
tel - 1-248-399-8938



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

February 7, 2002

Sharon Brookens
49 Macomb Place
Suite 33
Mt Clemens, MI 48043

RE:	Our Client:	Kmart Corporation
	Claimant:	MABLE BARNES
	Date of Loss:	03/29/2001
	Our File Number:	272238BI-01

Dear (Atty's Name):

Sedgwick CMS is the claims administrator for the Kmart Corporation. We acknowledge your representation of Mable Barnes _____ in the above captioned matter.

Please be advised the Kmart Corporation and its thirty-seven subsidiaries filed a Voluntary Petition, pursuant to Chapter 11 of the Bankruptcy Code, in the United States Bankruptcy Court for the Northern district of Illinois. The matter has been assigned case number 02-B02474 and is pending before Judge Susan Pierson Sonderby. Pursuant to 11 U.S.C. § 362 (a), a stay of creditor actions against the debtor automatically goes into effect with the filing of the bankruptcy petition. The automatic stay provided by section 362 prohibits "the commencement or continuation, including the issuance or employment of process, of a judicial, administrative, or other action or proceeding against the debtor..." Attached please find a copy of the Voluntary Petition.

As a result of that filing, we are precluded from negotiating or settling any claims on behalf of Kmart arising from an occurrence that took place prior to January 22, 2002 until/unless we receive authority to do so. Such authorization may or may not be forthcoming. However, it would be in the best interest of all parties if we are in a position to proceed in the event authority is extended. We ask that you provide us with the information that will allow us to investigate this claim. At this time, provide your client's complete name, address, telephone number, and date of birth, Social Security number and your client's allegations.

Should you have any questions, or wish to discuss this matter in any way, please do not hesitate to contact the undersigned at your convenience.

Sincerely,
Darlene McClain
Examiner I
Kmart Customer Incident Center

~~Prior Bankruptcy Case Filed Within Last 6 Years (attach additional sheet)~~

Location: **Wt. Filed: None** Case Number: Date Filed:

Pending Bankruptcy Case Filed by Any Spouse, Partner, or Affiliate of this Debtor (if more than one, attach additional sheet.)

Name of Debtor: **See Annex A** Case Number: Date Filed:

District: Relationship: Judge:

SIGNATURES

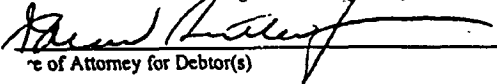
Signature(s) of Debtor(s) (Individual/Joint)
 I declare under penalty of perjury that the information provided in this petition is true and correct.
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
 I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Debtor

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney


Signature of Attorney for Debtor(s)
John Wm. Butler, Jr.

Printed Name of Attorney for Debtor(s)
Skadden, Arps, Slate, Meagher & Flom (Illinois)

Firm Name
333 W. Wacker Drive, Chicago, IL 60606

Address
(312) 407-0700

Telephone Number
January 22, 2002

Date

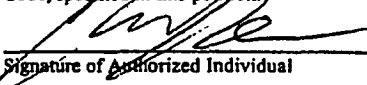
EXHIBIT A
 (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)
 Exhibit A is attached and made a part of this petition.

EXHIBIT B
 (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

Signature of Attorney for Debtor(s) Date

Signature of Debtor (Corporation/Partnership)
 I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.


 Signature of Authorized Individual

Charles C. Conaway
 Name of Authorized Individual

Chief Executive Officer
 Title of Authorized Individual

January 22, 2002
 Date

Signature of Non-Attorney Petition Preparer
 I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Name of Debtor (if individual, enter Last, First, Middle): K MART CORPORATION	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by Debtor in the last 6 years (include married, maiden, and trade names):	All Other Names used by Joint Debtor in the last 6 years (include married, maiden, and trade names):
Soc. Sec./Tax I.D. No. (if more than one, state all): 38-0729500	Soc. Sec./Tax I.D. No. (if more than one, state all):
Street Address of Debtor (No. & Street, City, State & Zip Code): 3100 West Big Beaver Road Troy, MI 48084	Street Address of Debtor (No. & Street, City, State & Zip Code):
County of Residence or of the Principal Place of Business: Oakland	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):

Location of Principal Assets of Business Debtor
(if different from addresses listed above):

INFORMATION REGARDING DEBTOR (Check the Applicable Boxes)

Venue (Check any applicable box)

- Debtor has been domiciled or has had a residence, principal place of business or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Type of Debtor (Check all boxes that apply)

- Individual
 Corporation
 Partnership
 Railroad
 Stockbroker
 Commodity Broker

**Chapter or Section of Bankruptcy Code Under Which
the Petition Is Filed (Check one box)**

- Chapter 7
 Chapter 9
 Chapter 11
 Chapter 12
 Chapter 13
 Sec. 304-Case ancillary to foreign proceeding

Nature of Debts (Check one box)

- Consumer/Non-Business
 Business

Filing Fee (Check one box)

- Full Filing Fee attached.
 Filing Fee to be paid in installments (Applicable to individuals only)
 Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.

Chapter 11 Small Business (Check all boxes that apply)

- Debtor is a small business as defined in 11 U.S.C. § 101.
 Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e). (optional)

Statistical/Administrative Information (Estimates only)

- Debtor estimates that funds will be available for distribution to unsecured creditors.
 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors

THIS SPACE IS FOR COURT USE
ONLY

Estimated Number of Creditors		1-15	16-49	50-99	100-199	200-999	1,000-over
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Estimated Assets		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Debts		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

U.S. Bankruptcy Court
Northern District of Illinois
RECEIVED: 01/22/02
Time: 8:02 a.m.
Debtor: K MART CORPORATION
Case #: 02-02474
Chapter 11 Rec# 324660
Judge Susan Pierson Sonderby



1:02BK02474-BK001

STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF OAKLAND

MABLE BARNES and ALBERT BARNES,

Plaintiffs,

Docket No. 02- -NO
Hon.
JURY DEMAND

vs.

K-MART CORPORATION, K-MART STORE NO.
3730, Employee JANE DOE and Employee JANE ROE,

Defendants.

_____/

Sharon Jones, P-57113
Attorney for Plaintiffs
49 Macomb Place #33
Mount Clemens, Michigan 48043
(586) 948-7073
(313) 598-3265

_____/

COMPLAINT

There is no other pending or resolved civil action
arising out of the transaction or occurrence alleged
in the complaint.

NOW COME Plaintiffs, MABLE BARNES and ALBERT BARNES, by and
through their attorney, Sharon Jones, and as their complaint against Defendants
states as follows. That:

1. The amount in controversy exceeds twenty-five thousand dollars.
2. Plaintiffs are residents of the city of Oak Park, County of Oakland in the
State of Michigan.

3. Defendant Kmart is a corporation whose principal offices are located in the City of Troy, state of Michigan. It conducts business throughout Michigan.

4. Defendant Kmart owns, operates, controls, maintains and manages a retail establishment located at 26200 Greenfield Road, in the City of Oak Park, Michigan 48237, a department store better known as Kmart Store No. 3730.

5. Defendants Jane Doe and Jane Roe are employees, agents and/or servants of Defendant Kmart Corporation at Kmart Store No. 3730.

6. By advertisement and other means, Kmart systematically invites members of the public to its premises located at Kmart Store No. 3730 for the financial gain of Defendant Kmart Corporation.

7. On or about March 29, 2001, during the normal hours of business of store 3730, Plaintiff Mable Barnes was a business invitee of Defendant Kmart and was in an area of the store open to the public for purposes of shopping.

8. At the aforementioned date, time and location, unknown to Plaintiffs, Defendant employee Jane Doe was pushing a pallet through the store stacked high with bulk sized boxes of liquid laundry detergent. As Defendant Doe hurried passed Mable Barnes, a box of industrial sized liquid laundry detergent fell from overhead off the pallet and struck Mable Barnes, causing her serious injuries.

9. At all times relevant to this lawsuit, as owner of a business establishment, Kmart owed the following duties to the public, including Mable Barnes, who entered the premises for consumer business purposes, i.e., in order to shop.

- a) Take all actions and measures a reasonable and prudent store owner would have in the same or similar circumstances, including that of a

retail department store open to the public inviting members of the public therein.

- b) To police and inspect said premises for any dangers or defects therein, including but not limited to dangerously stacked merchandise being relocated throughout the store by its employees during regular business hours, through areas open and accessible to the public, and specifically business invitees and in particular Plaintiff Mable Barnes.
- c) To eliminate dangers and defects where Kmart knew, or by reasonable procedures of inspection, maintenance and employee training, should have known, that moving inventory during business hours by the use of pallets to haul unsecured and precariously stacked merchandise packaged in bulk, would present significant and unreasonable risk of harm and injury to its customers, unsuspectingly walking through store aisles and other shopping areas.

10. Defendants breached these duties by failing to provide reasonably safe premises; Kmart's negligence consisted of, but is not limited to, the following:

- a) Defendant Roe failed to adequately supervise employees delegated the responsibility of transporting heavy retail items through the store, items not properly secured to the devices utilized to carry those items;
- b) Failing to use ordinary care in transporting multiple cases of bulk goods upon pallets without the benefit of protective barriers or other type of containment that prevent the foreseeable likelihood of those items from falling upon unsuspecting business invitees;
- c) Failing to exercise reasonable caution and segregate the transfer of inventory stock from the immediate presence of shopping customers, who would be unaware of the potential dangers inherent in Kmart's methods and practices of merchandise storage and conveyance;

11. As a direct and proximate result of the negligence, gross negligence, acts and omissions, as well as breaches of implied and expressed warranties of safety and fitness of the common areas of Defendants' retail store by its agents, employees or assigns:

- a) Plaintiff Mable Barnes sustained severe and permanent injury which has reduced her range of motion and which continues to cause her pain, suffering, disability, disfigurement, trauma, and mental anguish, including orthopedic and/or neurological damage from the date of said incident and through to the present time.
- b) Plaintiff Mable Barnes was compelled to expend resources for medical care and treatment necessary to assess and/or cure herself of the progressive effects of the physical discomfort and injury Defendants caused her, and shall in the future continue expending resources for such treatment and care.
- c) Plaintiff Mable Barnes was compelled to suspend work activities and her injuries will continue to detrimentally affect her earning ability.
- d) Plaintiff Mable Barnes suffered significant diminishment of her general, personal, social and vocational lifestyle, as well as gross indignity and inconvenience from the date of said incident and until the present time.
- e) Plaintiff Albert Barnes is the lawful spouse of Plaintiff Mable Barnes, and as such makes a claim for loss of consortium.
- f) Plaintiff Albert Barnes suffered a loss in the services, society and companionship of his wife, and such loss is of a continuing nature.

12. Plaintiffs request the court allow them to recover all damages to which each is entitled under the laws of Michigan and the rules of equity governed by this court, including exemplary damages, and any other relief to which Plaintiffs may be entitled.

WHEREFORE, Plaintiffs pray this Honorable Court enter judgment in favor of Plaintiffs and against Defendants in any sum exceeding twenty-five thousand (\$25,000) dollars that the trier of fact determines is just and fair, plus interest, court costs and attorney's fees, all wrongfully sustained.

Respectfully submitted,

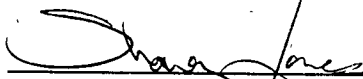

Sharon Jones, P-57113
Attorney for Plaintiffs
49 Macomb Place #33
Mount Clemens, Michigan 48043
(586) 948-7073
(313) 598-3265
fax (313)965-0372

Date: January 18, 2002

DEMAND FOR JURY

Plaintiffs, Mable Barnes and Albert Barnes, by their legal counsel, Sharon Jones, hereby demand a trial by jury in the above matter.

By: SHARON JONES


Sharon Jones (P57113)
Attorney for Plaintiffs

January 18, 2002

49 Macomb Place
Suite # 33
Mount Clemens, MI 48043-5600

Wayne County Office (313) 598-3265
fax (313) 965-0372

March 15, 2002

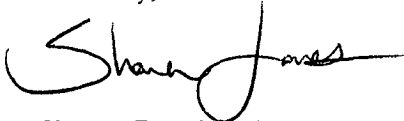
Kmart Corporation
c/o Trumbull Services
P. O. Box 426
Windsor, Connecticut 06095

RE: Mable and Albert Barnes Proof of Claim

Dear Trustee:

Enclosed please find completed US Bankruptcy Court Form B10, official proof of claim against Kmart Corporation for Mr. and Mrs. Barnes. Please contact me if you have any questions or require additional information. Thank you.

Sincerely,



Sharon Brookins Jones

cc: Kmart Corporation, Customer Incident Center

Sharon Brookins Jones
Attorney at Law