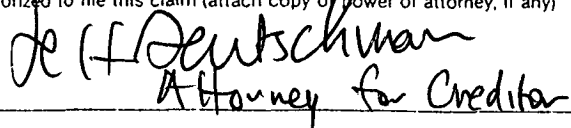


United States Bankruptcy Court Northern District of Illinois		PROOF OF CLAIM		
In re (Name of Debtor) KMART CORPORATION		Case Number 02 B 02474		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				
Name of Creditor <i>(The person or entity to whom the debtor owes money or property)</i> Amy Lynn Winterfield		<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 Addresses Where Notices Should be Sent Jeffrey S. Deutschman Attorney for creditor 77 W. Washington, Suite 1801 Chicago, IL 60602				
Telephone No (312) 419-1600				
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR Winterfield		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____		
1. BASIS FOR CLAIM: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <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 (Describe briefly) </td> <td style="width:50%; border: none;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ (date) to _____ (date) </td> </tr> </table>			<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 (Describe briefly)	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ (date) to _____ (date)
<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 (Describe briefly)	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ (date) to _____ (date)			
2. DATE DEBT WAS INCURRED 10-18-99		3. IF COURT JUDGMENT, DATE OBTAINED		
4. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.				
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest. Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly)		<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000), earned not more than 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—U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$900 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"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other—11 U.S.C. §§ 507(a)(2), (a)(5)—(Describe briefly)		
Amount of arrearage and other charges included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ 10,000.00 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.				
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 10,000.00 (Unsecured) (Secured) (Priority)		\$ 10,000.00 (Total)		
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.				
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY RECEIVED TRUMBULL SERVICES COMPANY MAR 25 PM 2:58 BANKRUPTCY		
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.				
8. TIME STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.				
Date 3-22-02	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).  Jeffrey S. Deutschman Attorney for Creditor			

3625/02 ML
759

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

AMY LYNN WINTERFIELD,)
)
Plaintiff,)
)
v.)
)
K MART CORPORATION, a)
foreign corporation,)
)
Defendants.)

No:

01L 012009
CALENDAR A
PREMISES LIABILITY

COMPLAINT AT LAW

Now comes the Plaintiff, AMY LYNN WINTERFIELD, by and through her attorney, JEFFREY S. DEUTSCHMAN, and complaining of the Defendant, K MART CORPORATION, a foreign corporation, alleges and states as follows:

1. That on and prior to the 18th day of October, 1999, the Defendant, K MART CORPORATION, (Hereinafter referred to as "K MART") was a foreign corporation, duly authorized and was doing business in the City of Oak Lawn, County of Cook and State of Illinois.

2. That at all times referred to herein, the Plaintiff, AMY LYNN WINTERFIELD, was lawfully upon the premises as a business invitee at the store located at 11000 South Cicero Avenue, in the City of Oak Lawn, County of Cook and State of Illinois.

3. That on and prior to the 18th day of October, 1999, the Defendant, K MART, owned, operated, managed, maintained and controlled the business located at 11000 South Cicero Avenue, in the City of Oak Lawn, County of Cook and State of Illinois.

FILED-5
2001 OCT -5 PM 1:23
CIRCUIT COURT OF COOK COUNTY, ILLINOIS
LAW DIVISION
DOUGLASS PERMAN, CLERK

4. That on and prior to the 18th day of October, 1999, the Defendant, K MART, was engaged in the business of soliciting the patronage of the general public, including the Plaintiff herein, for the purpose of selling retail merchandise to said public.

5. That on said date, the Defendant, through its agents, servants and employees, owed the Plaintiff the duty to exercise ordinary care in the maintaining of said premises, including the floors in the aisles therein, in a reasonably safe condition for Plaintiff's use.

6. Notwithstanding said duty, the Defendant was then and there guilty of one or more or all of the following negligent and careless acts or omissions:

- (a) Negligently failed to exercise reasonable care in the maintaining of said premises and to keep in it a reasonably safe condition for Plaintiff's use;
- (b) Negligently maintained the floor in the aisles of said premises, resulting in an unsafe condition when they knew, or in the exercise of reasonable care should have known of a dangerous condition;
- (c) Negligently failed to adequately inspect the floor for potentially hazardous conditions, when they knew, or should have known, of the propensity of foreign substances which are indigenous to its business which could cause said hazardous condition;
- (d) Negligently failed to implement an adequate inspection procedure to identify potentially hazardous conditions;
- (e) Negligently failed to warn Plaintiff of a dangerous condition;
- (f) Negligently caused the floors in the aisles of said premises to be in an unsafe condition, and allowed the floor to remain in said condition when they knew, or in the exercise of reasonable care should have known, of said dangerous condition;
- (g) Negligently failed to provide a sign and/or barricade type device to indicate that a dangerous condition existed;
- (h) Were otherwise careless and negligent.

7. That as a direct and proximate result of the aforementioned careless and negligent acts or omissions on the part of the Defendant, through its agents, servants and employees, the Plaintiff, on October 19, 1999, while walking down the personal hygiene aisle, slipped on shampoo that had been spilled on the said floor, causing the Plaintiff to slip and hit the floor with great force and violence, sustaining severe and permanent injuries, great pain, discomfort and physical impairment; she has been hindered and will be hindered from following her usual occupation and she was compelled and will be compelled to expend and become liable for large sums of money in bills for the care and treatment of her injuries, all to the damage of the Plaintiff.

WHEREFORE, the Plaintiff, AMY LYNN WINTERFIELD, respectfully requests that this Court enter judgment against the Defendant, K MART CORPORATION, a foreign corporation, in an amount exceeding Thirty Thousand Dollars (\$30,000.00), plus costs.

By: 
Attorney for Plaintiff

Jeffrey S. Deutschman
77 W. Washington Street
Suite 1801
Chicago, Illinois 60602
312/419-1600
Attorney No: 27115

NOB0000163546 WINTERFIELD, AMY L

ACCT: N00000163546
WINTERFIELD, AMY L
2835 W 102ND ST
EVERGREEN PARK, IL 60805
(708) 425-1711 / (312) 280-2921

GUAR: 348-78-8292
WINTERFIELD, AMY L
2835 W 102ND ST
EVERGREEN PARK, IL 60805
(708) 425-1711 (H)

22 F	ADM/SER:	10/20/99	UR CHG:	0 BC.PPO	90.00	10/20/99
OPCS	DISCHARGE:		AR CHG:	90.00 SP	0	
FB 10/21/99	LST STMT:		BALANCE:	90.00		

BCH DATE	BCH SER	DATE USER	PROCEDURE BL#	DESCRIPTION	AMOUNT	TOTAL
10/20/99	13	10/20/99 MTP3003	9828801	EXAM - NEW PT - LEVEL II	90.00	90.00

PATIENT'S NAME (LAST, FIRST, MIDDLE) PATIE WINTERFIELD, AMY L

PERMANENT ADDRESS STREET CITY, STA ZIP CODE 2835 W 102ND ST EVERGREEN PARK, IL 60805

AGE BIRTH DATE SEX RACE MARSTA RELIGION NEXT OF KIN OR GUARDIAN'S NAME AND TELEPHONE ADMISSION DATE - TIME

22 01/01/77 F W S OTH (708)425-1711 BLUE CROSS PPO XOF348788292 WINTERFIELD, AMY L 10/20/99 15:07

PATIENT'S TELEPHONE NUMBER INSURANCE POLICY NO. SUBSCRIBER'S NAME

BROUGHT TO HOSPITAL BY POLICE NOTIFIED CITY NAME OF FAMILY DOCTOR ADDRESS OF FAMILY DOCTOR

PATIENT'S STATEMENT (IF ACCIDENT, WHERE, WHEN, HOW) INJURY/BACK/RT KNEE

INFORMANT OR PATIENT SIGNATURE GFB
TRIAGE ASSESSMENT Pt was shopping & slipped on the floor due to a broken Shampoo bottle on floor. Pt have pain in (Rt) wrist (Rt) back (Rt) knee.
3:45 97.1 135/76 84 20 (R) knee is swollen & bruised.

HISTORY of last year - vague pain. of spine.
(R) knee - after barrel fall.
Rt hand fall.
Rt ankle - fall.
Rt knee - fall.

PHYSICAL EXAMINATION (R) knee True crepitus & effusion.
Full ROM - of hip, ankle.

IMPRESSIONS OR DIAGNOSIS a Laceration knee (R) Rt patella.
PRESENT MEDICATIONS Birth Control.
LAST TET: MO. / YEAR 1 /
ALLERGIES TO MEDICATIONS Sulfa drug.
LMP: / /

Table with columns: TESTS ORDERED, MEDICATIONS, IV'S, RX, TIME, NL.

SUTURES, OTHER TREATMENT, PRESCRIPTIONS, AND INSTRUCTIONS

PHYSICIAN NOTIFICATION AND TIME

DISPOSITION OF PATIENT: HOME REFERRED TO DOCTOR, ADMITTED ROOM NO., TRANSFERRED TO, ACCEPTED BY, ATTENDING/RESIDENT PHYSICIAN SIGNATURE SHARPLEY HAYES, CAROL

Occupational Health Management System

at the **Care Station**

5860 West 95th Street, Oak Lawn, IL 60453
708-499-CARE

Name: Amy Winterfield

DISCHARGE INSTRUCTIONS

MR #: _____

arteriosclerotic / CM patella.
DIAGNOSIS

Referred To: _____

Med as prescribed
flu 1-2 tabs. if
needed. for analgesia

Nonprescription medications

name of drug	dose	frequency

Other instructions

Return to the Care Station on _____ at _____

I HEREBY ACKNOWLEDGE RECEIPT OF THE INSTRUCTIONS INDICATED ABOVE. I UNDERSTAND THAT I HAVE RECEIVED IMMEDIATE TREATMENT ONLY, AND THAT I MAY BE RELEASED BEFORE ALL OF MY MEDICAL PROBLEMS ARE KNOWN OR TREATED. I WILL ARRANGE FOR FOLLOW-UP CARE AS INSTRUCTED ABOVE.

X Physician or Representative

Date

X Patient or Patient Representative

MEDICAL RECORDS

2 1

3 4

Oscodrug
WI

000 CHICAGO, IL 60655

NEW WAIT UT

(773) 238-4941

141406-00 CARE STATION

SCAN ID - 1652

AMY L WINTERFIELD

14629 136TH AVE
LOCKPORT, IL 60441

(815) 836-0227

DAYPRO 600MG CAPLET By SEARL

01/01/1977

Scan Out

000025-1381-31 10/20/99 20

20.00



WE CAN CALL YOUR DOCTOR FOR A REFILL PLEASE ASK
HHP REF: 4F939318

SCAN UPC 4 1 1652 02000

000



PROGRESS NOTES

DATE	
APR 3 2000	GENERAL MEDICINE NPT 23 yo F, c/o
	Pain + "crunchy" noise in (R)
	knee x 4-5 months, fell in
	Oct. 99, also c/o chronic
	fatigue x 4-5 months.
	Meds = Ortho-Tri-Cyclen
	Herbs
	allergies = Sulfa
	W = 66 kg's B/P 110/80 R = 92 R = 15
	D Adolfo CMA
	(5) Pt is a 23 yo CF who presents c/o:
	(R) knee pain since fall 10/99. "Crunching"
	sound since then. Can hurt @ night
	while lying down or up stairs. Down
	stairs s pain slight swelling initially.
	resolved. Able to run. X-RAYS done
	Saw MD ~ 2d p fall Anti-inflammatory
	given c relief
	#2 Fatigue x 3-4 mo. Diff. c walking
	up. Goes to bed 10 ³⁰ - 11 AM → sleeps
	well. Awakens 6-6 ³⁰ p.m. Very tired



PATIENT NAME

1772557

MF WINDYFIELD, AMY
DOB 1/1/77 F

DOB

PROGRESS NOTES

DATE	
7.3.00	
	throughout entire day. It walks
	a lot. Walks out 2x/yr. Healthy
	eater. ϕ chronic infections.
	Regular menses. Lasts 4d.
	Pulhx: ϕ
	Psthx: ϕ
	all: sulfa.
	Med: Otho Tricyclic 28d
	Imm: H.S.-Td @ 14 y/o.
	MMR's.
	OB/Gyn: G0P0
	LPS 10/99 Normal. \oplus dysmenorrhea.
	Menarche 15 y/o.
	Regular. 4d.
	Pdx: M 7 43 Good Health (hx of bowel
	F 7 45 " " obstruct)
	ϕ breast or colon CA
	GF \bar{c} prostate CA
	RIS: See pt. database
	all others ϕ
	Social: \oplus tob \bar{t} ppa \times SUs. Social
	\bar{t} tot \bar{t} ϕ illuzid Stage. Occ: Administ.

- Signature and professional discipline of recorder is to be shown
- Show date and time of entry

PROGRESS NOTES

DATE	
4.3.00	
	<p>① Wt per RN, renewed</p>
	<p>Alx3. NAD Affect flat</p>
	<p>HEENT: NC/IT TWS clear B/L. Nares</p>
	<p>patent & clear d/c. Pharynx clear.</p>
	<p>neck: soft & LAD & thymic ally</p>
	<p>HRHR 5 (w/3/4 w/ S1 S2</p>
	<p>LCTA B/L & R/L/W</p>
	<p>A soft & B/S, WT & HSM</p>
	<p>& & C/C/L/E</p>
	<p>& crepitations @ knee</p>
	<p>& jt line tenderness & edema</p>
	<p>& warmth</p>
	<p>② Hx - tension</p>
	<p>but also 2° to OCP's.</p>
	<p>Rec to d/c => pt very reluctant</p>
	<p>2° to ↑↑ cramps while off.</p>
	<p>Will try to ↓ dose to Allesse 2nd</p>
	<p>try 1st # + ZNF. Start p next weeks</p>
	<p>info on hip pain given.</p>
	<p>③ @ knee pain - likely patellofemoral</p>
	<p>syndrome. info on ↑ quad strength</p>



PATIENT NAME: WINTERFIELD, AMY
 DOB: 1/1/77 F
 MR. NUMBER:
 J.C.E.

PROGRESS NOTES

DATE	
4-3-00/	
	✓ X-rays include sunburn med
	③ Fatigue
	✓ TSH, CBC
	④ WCM
	✓ CPTOL
	Td 2001.
	Tob cessation disrupt
	FUU LMO
	JULIA
4/3/00	TSH, CBC & Chol. drawn <i>[Signature]</i>

- Signature and professional discipline of recorder is to be shown
- Show date and time of entry



1312657
WINTERFIELD, AMY
MAY 08 2000 11:17 AM
F

PROGRESS NOTES

DATE	
APR 8 2000	RADIOLOGY
APR 14 2000	NURSE VISIT
	Fasting LPR drawn - D. J. Sedalek
APR 24 2000	RADIOLOGY
	4 views rt knee xrayed - J. Ward RTR
MAY 8 2000	GENERAL MEDICINE

- Signature and professional discipline of recorder is to be shown
- Show date and time of entry

LOYOLA UNIVERSITY MEDICAL CENTER
2160 S. FIRST AVE MAYWOOD, IL 60153
LABORATORY REPORT

04/15/2000 07:30 1

WINTERFIELD, AMY

1392659

F 23Y HHPC

ATTENDING PHYS: KLEPEK, JANNETTE

FAMILY M

F37158 COLL: 04/14/20 08:10 REC: 04/14/2000 17:33 ORD PHYS: KLEPEK, JANNETTE

LIPID PROFILE

CHOLESTEROL	160	[<200]	MG/DL
TRIGLYCERIDE	97	[<250]	MG/DL
TRIGLYCERIDE REFERENCE RANGE APPLIES TO FASTING SAMPLE			
HDL CHOLESTEROL	50	[45-55]	MG/DL
LDL CHOLESTEROL	94		MG/DL

--CLASSIFICATION-----LDL CHOLESTEROL (MG/DL)--

DESIRABLE	LESS THAN 130
BORDERLINE/HIGH	130-159
HIGH	160 OR ABOVE

*Walter sent
4/15/00*

PT NAME WINTERFIELD, AMY
RESULTS REVIEWED WITH PATIENT ON _____

MRN 1392659 END OF REPORT
(DATE) BY _____

LOYOLA UNIVERSITY MEDICAL CENTER
2160 S. FIRST AVE MAYWOOD, IL 60153
LABORATORY REPORT

04/04/2000 07:30 1

WINTERFIELD, AMY

1392659

F 23Y HHPC

ATTENDING PHYS: KLEPEK, JANNETTE

FAMILY M

M41753 CDLL: 04/03/20 20:17 REC: 04/03/2000 22:20 ORD PHYS: KLEPEK, JANNETTE

CHOLESTEROL	H	213	[1200]	MG/DL
HEMOGRAM				
WBC		7.3	[4.0-10.0]	K/UL
RBC		5.11	[3.60-5.50]	M/UL
HGB		14.4	[12.0-16.0]	GM/DL
HCT		43.0	[34.0-51.0]	%
MCV	L	84.1	[85-95]	FL
MCH		28.3	[28.0-32.0]	PG
MCHC		33.6	[32.0-36.0]	GM/DL
RDW		13.7	[11.0-15.0]	%
PLT CNT		287	[150-400]	K/UL

*Not final
! Needs FL PR
JULIAN
4.5.00*

LOYOLA UNIVERSITY MEDICAL CENTER
2160 S. FIRST AVE MAYWOOD, IL 60153
LABORATORY REPORT

04/04/2000 14:00 1

WINTERFIELD, AMY

1392659

F 23Y HHPC

ATTENDING PHYS: KLEPEK, JANNETTE

FAMILY M

041753 COLL: 04/03/20 20:17 REC: 04/03/2000 22:20 ORD PHYS: KLEPEK, JANNETTE

TSH

1.22

[0.20-5.00]

UU/ML

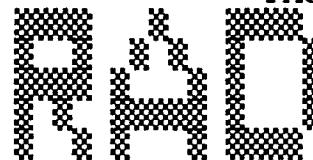
*Noted
Janna
ASW*

RADOP-8773
04/25/00 11:17

LOYOLA UNIVERSITY MEDICAL CENTER
(QAIRLR)

HOSP 1
PAGE 001

esu



WINTERFIELD, AMY F 23
MR#: 1392659 AC#: 139265910303
SX: RAD HHPC ADM: 04/24/00 DOB: 01/01/77
ATTENDING MD:
ADMITTING MD: KLEPEK, JANNETTE OP-1X
DX: XRAY

FINAL REPORT

REQ#: I115-0280

EXAM: KNEE 4 VIEWS 1.01
INDICATIONS: TRAUMA

=====
ORDERING MD: KLEPEK, JANNETTE
RADIOLOGIST: POSNIAK, H MD (REQ 01944081)

HHPC KNEE, 4 VIEWS, RIGHT

CPT: 735647

DATE: 4/24/00

HISTORY: PAIN

FINDINGS:

THERE IS VERY EARLY DEGENERATIVE SPURRING IN THE MEDIAL COMPARTMENT
OF THE KNEE JOINT. NO OTHER ABNORMALITIES ARE SEEN.

** REPORT ELECTRONICALLY SIGNED **

HAROLD POSNIAK, M.D.

D: 04/25/00
T: 04/25/00

LAST PAGE

WINTERFIELD, AMY

139265900115

RADIOLOGY/DIAGNOSTIC

--*

Handwritten signature and date: JMM 5-10-00

MEDAN-5653
04/25/00 11:17

LOYOLA UNIVERSITY MEDICAL CENTER
(QAIRLR)

HOSP 1
PAGE 001



=====

WINTERFIELD, AMY F 23
MR#: 1392659 AC#: 139265910303
SX: RAD HHPC ADM: 04/24/00 DOB: 01/01/77
ATTENDING MD:
ADMITTING MD: KLEPEK, JANNETTE OP-1X
DX: XRAY

=====

=====

FINAL REPORT

=====

REQ#: I115-0280

EXAM: KNEE 4 VIEWS 1.01
INDICATIONS: TRAUMA

=====

ORDERING MD: KLEPEK, JANNETTE
RADIOLOGIST: POSNIAK, H MD (REQ 01944081)

HHPC KNEE, 4 VIEWS, RIGHT

CPT: 735647

DATE: 4/24/00

HISTORY: PAIN

FINDINGS:

THERE IS VERY EARLY DEGENERATIVE SPURRING IN THE MEDIAL COMPARTMENT OF THE KNEE JOINT. NO OTHER ABNORMALITIES ARE SEEN.

** REPORT ELECTRONICALLY SIGNED **

HAROLD POSNIAK, M.D.

D: 04/25/00
T: 04/25/00

LAST PAGE

*Will allow
pt @
5/8 visit
Janna*

=====

WINTERFIELD, AMY

139265900115

RADIOLOGY/DIAGNOSTIC

-*-

LAW OFFICES OF
JEFFREY S. DEUTSCHMAN

77 WEST WASHINGTON STREET

SUITE 1801

CHICAGO, ILLINOIS 60602

(312) 419-1600

FAX (312) 641-6920

March 22, 2002

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

Re: **Amy Lynn Winterfield v. Kmart Corp.**

Dear Sir or Madam:

Please find enclosed herein the original and two proof of claims along with the supporting documentation. Please file stamp one of the copies and return it back to my office in the self addressed stamped envelope also enclosed.

Please contact my office if you have any questions. Thank you for your cooperation.

Very truly yours,



Jeff Deutschman

JD/se

enclosures