

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

**PROOF OF CLAIM
Chapter 11**

In Re Kmart Corporation, et al.

Case Numbers 02-02462 through 02-02499

Name of Debtor: (see attached for complete list of debtors)

Case Number:

Your claim is scheduled as follows:

Class
NOT SCHEDULED

Amount
NOT SCHEDULED

Name of Creditor (The person or other entity to whom the debtor owes money or property):

- 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.

MILDRED R MYERS
108 CENTURY LANE
DILLSBURG, PA 17019

12 3573136

11833558

This Space is for Court Use Only

If address differs from above, please complete the following:

Creditor Name:

Telephone: #

Address:

City/St/Zip:

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 **STOCK PURCHASE PLAN FROM 1966**

- 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:

3. If court judgment, date obtained:

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.

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 \$4,650), 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).
- 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 owed to governmental units - 11 U.S.C. § 507(a)(8).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).

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.

RECEIVED
TRUMBULL SERVICES
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2002 APR -9 PM 1:54

at A2164

4-9-02

Date
4/4/02

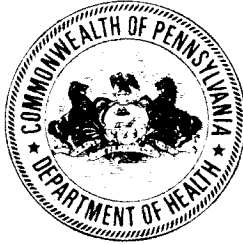
Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): **SHIRLEY M. WATTS P.O.A. (DAUGHTER)**

Shirley M. Watts P.O.A. Daughter

**WARNING: IT IS ILLEGAL TO ALTER THIS COPY OR
TO DUPLICATE BY PHOTOSTAT OR PHOTOGRAPH.**

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH VITAL RECORDS

LOCAL REGISTRAR'S CERTIFICATION OF DEATH



CERT. NO. T 4960193

July 30, 2001
Date of Issue of This Certification

Name of Decedent Mildred R. Myers
First Middle Last

Sex Female Social Security No. 172 - 24 - 9464 Date of Death July 29, 2001

Date of Birth December 12, 1911 Birthplace Dillsburg, York County, Pennsylvania

Place of Death Claremont Nursing & Rehab. Center Cumberland County Middlesex Township Pennsylvania
Facility Name County City, Borough or Township

Race White Occupation Waitress Armed Forces? (Yes or No) No

Marital Status Divorced Decedent's Mailing Address Claremont Nursing & Rehab. Center Carlisle PA
Number Street City of Town State

Informant Mrs. Shirley M. Watts Funeral Director Scott D. Brenneman, FD

Name and Address of Funeral Establishment Cocklin Funeral Home, Inc., 30 N. Chestnut Street, Dillsburg, PA 17019

Part I: Immediate Cause

(a) <u>Renal Failure</u>	Interval Between Onset and Death
(b) _____	
(c) _____	
(d) _____	

Part II: Other Significant Conditions
CHF, CAD, Dementia

Manner of Death

Natural	<input checked="" type="checkbox"/>	Homicide	<input type="checkbox"/>	Describe how injury occurred: _____ _____
Accident	<input type="checkbox"/>	Pending Investigation	<input type="checkbox"/>	
Suicide	<input type="checkbox"/>	Could not be Determined	<input type="checkbox"/>	

Name and Title of Certifier Ernest M. Josef, MD (M.D., D.O., Coroner, M.E.)

Address 1830 Good Hope Road, Enola, PA 17025

This is to certify that the information here given is correctly copied from an original certificate of death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

Marietta F. Schuss 67608
Local Registrar of Vital Records District No.

July 30, 2001
Date Received by Local Registrar

153 Logan Road, Dillsburg, PA 17019
Street Address City, Borough, Township

Know all Men by these Presents

THAT Mildred R. Myers

have constituted, made and appointed, and by these Presents do constitute, make and appoint Shirley M. Watts

lawful Attorney for Me and in My name and stead, and to Lawful use,

to ask, demand, sue for, levy, recover and receive, all such sum and sums of money, debts, rents, goods, wares, dues, accounts, and other demands whatsoever, which are or shall be due; owing, payable, and belonging to or detained from in any manner of ways or means whatsoever,

Everything pertaining to signature of Mildred R. Myers.

This 12th day of March A. D. 1918 personally appeared before me, Mildred R. Myers the above-named

Shirley M. Watts and acknowledged the foregoing Power of Attorney to be my act and deed, and desired the same might be recorded as such, according to law.

Witness my hand and / 2th seal, the day and year aforesaid.

Sarah M Hancock



NOTARIAL SEAL
SARAH M. HANCOCK, NOTARY PUBLIC
DILLSBURG BORO. YORK COUNTY
MY COMMISSION EXPIRES JUNE 24, 1998

Power of Attorney

Dated *March 12* 19 *98*.