

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

Your claim is scheduled as follows:

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

Case Number:

Class

NOT SCHEDULED

Kmart Corporation

02-02474

Amount

NOT SCHEDULED

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):

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.

08 3350241

Check box if you have never received any notices from the bankruptcy court in this case.

BOHNENBERGER, CYNTHIA
PO BOX 633
JAMESTOWN, ND 58402

Check box if the address differs from the address on the envelope sent to you by the court.

11629149

If address differs from above, please complete the following:

Creditor Name: Cynthia K. Hinz

Telephone: #

701-252-8214

Address: 819 11th Ave S.E.

City/State/Zip: Jamestown, N.D. 58401-4946

This Space is for Court Use Only

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

- 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.

This Space is for Court Use Only

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.

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APR -9 10:1:25
BANKRUPTCY
AP

Date 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):

4-5-02

Cynthia K. Hinz (Bohnenberger)

K MART CORPORATION
INTERNATIONAL HEADQUARTERS
3100 WEST BIG BEAVER RD.
TROY, MICHIGAN 48084

May 7, 1984

JOHN E. DEWENTER
DIRECTOR OF EMPLOYEE BENEFITS
DONALD L. MORFORD
ASSISTANT DIRECTOR OF EMPLOYEE BENEFITS

Ms Cynthia Bohnenberger
8250 S W 4th Place
N Lauderdale, FL 33068

Re: Retirement Pension Plan
S.S. #502-54-3563

Dear Ms Bohnenberger

The Company's pension records indicate that at the time of your termination of employment on **August 3, 1983** you had fulfilled the requirements for a Vested Benefit in the K mart Corporation Employees' Retirement Pension Plan.

Our estimate of the monthly pension benefit payable at your Normal Retirement Date on **September 1, 2013** is \$ **116.38** . This estimate is based on a life income form of payment and assumes that your birthdate is **August 22, 1948** as shown on Company records and subject to confirmation at the time you retire.

Should you wish to receive payment of your vested pension benefit before your Normal Retirement Date, you may make application at any time after age 50. In such case, the amount of your pension will be reduced to make up for the longer period for which your pension would be paid. The amount of reduction is determined by your age at that time and the form of payment you elect.

NORMAL FORM OF PAYMENT

Unless you elect one of the optional forms of payment described on the attachment to this letter, your pension benefit will be paid as shown below:

- (a) If you are unmarried at the time of your normal or early retirement or if you have then been married for less than one year, your pension will be paid on a life income basis with payments continuing for your lifetime only.
- (b) If you are married at the time of your normal or early retirement and you have been married for at least one year at that time, your pension will be paid under the 50% Joint & Survivor form of payment.

Under this form of payment your pension will be reduced to 86% of the regular amount - further reduced by 1% of the regular amount for each full year by which the age of your spouse is less than your age or increased by 1% of the regular amount for each full year (but not more than 10 years) by which the age of your spouse exceeds your age.

You would receive the reduced benefit as calculated above for as long as you live and your spouse, if living at the time of your death, would receive 50% of your reduced benefit for the duration of your spouse's lifetime.

Instead of this 50% Joint and Survivor form of payment (under 'b' above), you may elect to receive your pension under the Life Income form of payment. To do this, you must advise us in writing of your decision at least 90 days before your Retirement Date.

OPTIONAL FORMS OF PAYMENT

Instead of the Normal Form of Payment (50% Joint and Survivor form of payment or Life Income), you may elect any one of the following optional forms of payment. Your election must be made in writing at least twelve (12) months before Retirement Date.

- (a) Either a 100% or 66-2/3% Joint and Survivor form of payment.
- (b) A Social Security leveling option. (Available only for Early Retirement before age 62).
- (c) Any other form of payment on an actuarially adjusted basis as the Company will approve.

Each of these special optional forms is more fully explained in the Plan booklet provided each participant. Further information concerning them or the amounts payable under each optional form may be obtained by writing directly to the Employee Benefits Department, K mart International Headquarters, 3100 West Big Beaver Road, Troy, Michigan 48084.

Your pension records will be maintained at the Company Headquarters Offices as shown above. We ask you write to the Director of Employee Benefits about two months before you wish your pension benefit to begin.

Sincerely,





Kmart Corporation
International Headquarters
3100 West Big Beaver Road
Troy, MI 48084-3163

April 7, 1995

Re: Your Pension Plan Benefit

Dear Kmart Retiree, Beneficiary or Former Associate:

As you may have heard, the Kmart Corporation Employee Pension Plan will be frozen effective January 31, 1996. **The Pension Plan freeze has absolutely no effect on your pension benefit.** The freeze only affects the Pension Plan benefits of actively employed associates.

If you are a retiree or beneficiary currently collecting a monthly benefit, you will continue to receive your check, in the same amount you receive now, every month.

If you are a terminated associate who is entitled to a future vested benefit, the Pension Plan freeze does not affect your benefit amount or when you can receive your benefit.

If you have questions about the Pension Plan freeze, you can call the Kmart Partners Earning Profits Hotline at 1-800-421-6945. **Please remember, the Pension Plan freeze does not affect your benefit.** 33-56278

Recording Savings Penitons

We hope this letter addresses any concerns that you have about your Pension Plan benefit. If you would like more information or have any questions, please call the Hotline.

Sincerely,

A handwritten signature in cursive script that reads "Donald L. Morford".

Donald L. Morford
Director of Benefits

* STUTSMAN County License No. 47-97-L-92 State File No. _____

State of North Dakota
Marriage License

To any person authorized by law to perform the marriage ceremony:

You are hereby authorized to join in marriage

Name of GROOM: DAVID LEROY HINZ Age 48
(first, middle, last)
of JAMESTOWN ND who has NOT been divorced, and
(city and state)

Name of BRIDE: CYNTHIA K BOHNENBERGER Age 48
(first, middle, last)
of JAMESTOWN ND who has been divorced.
(city and state)

No marriage may be solemnized under this license unless so solemnized within 60 days of the date hereof.

Date: AUGUST 1, 1997 Carrie Cibula
Court Official

Certificate of Marriage

I hereby certify that the persons named in the foregoing license,

whose names after marriage are (groom) DAVID LEROY HINZ

and (bride) CYNTHIA K HINZ, were joined by me in

marriage at Concordia, Jamestown County of Stutsman

State of North Dakota, on August 16, 1997
(month, day and year)

In the presence of Pastor Robert [Signature]
Officiant

Jarvis Nash [Signature] Pastoral-Lutheran Church Missouri Synod
Witness Official Title - Ecclesiastical Body

[Signature] 502 1 Ave. North, Jamestown, ND 58401
Witness Address

Please type names below signatures

The Original and Duplicate A copies of the certificate shall be returned to the court who issued the license within FIVE DAYS after the solemnization of marriage. Duplicate B copy shall be immediately delivered to the persons married.

Date: _____ Court Official