

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 02-02493**

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

Case Number:

Your claim is scheduled as follows:

Class
UNSECURED NON PRIORITY

Amount

CONTINGENT, DISPUTED, UNLIQUIDATED

10077937

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 case, or for payment of an administrative expense to 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):

11 2367539

DELESSIO, LOUISE
28 RYE FIELD DRIVE
ENFIELD, CT 06082

- 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.

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

- 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:

see attached

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: \$ _____

Since my claim is being under me my left arm hurts you can have a doctor look at it.

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.

This Space is for Court Use Only

2626
4-9-02

Date

4/8/2002

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):

Louise P. De Lessio

FILED
APR 9 11 10 36
IB
BANKRUPTCY



Kmart Customer Incident Information

7729

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, *Kelly Bernier*

Your Kmart Store Management

1-860

Store Phone Number: 688-3447

TO BE COMPLETED BY CUSTOMER:

Customer name: Louise P Delessio Customer's Street Address: 28 Rye Field Dr

City: Enfield State: CT Zip: 06082 Phone: (860) 749-8747

Customer's employer: Retired Customer's sex: _____

Customer's Date of Birth: 3/12/34 Customer's Social Security Number: 131 26 2650

If injury to a child: Child's name: _____ Child's age: _____ Parent's name: _____

Customer's Description of Incident:

Date of incident: 11/30/01 Location of incident: at home (28 Rye Field Dr) Enfield, CT 06082

Time of incident: 12:15 pm What happened?: bought chair on 11/14/01

While sitting having lunch chair collapsed I fell on my left side in chair legs on left side (back part) my left arm & lower back with left hand.

Do you wish to be contacted? Sure Date reported: 11/30/2001 Signature of Customer: Louise P. Delessio

Incident of Nov. 30, 2001

Windsor chairs purchased on Nov. 14, 2001 at K-Mart store #7729 located at 1075 Kennedy Rd., Windsor, Ct. Tele# (860) 688-3447.

While having lunch at 12:15PM on Nov. 30, 2001 the Windsor chair collapsed. I fell on my left side breaking my fall with my left hand. My left arm and hand ached but the shock of falling on the floor left me shaken and had difficulty pulling myself together to get up. My husband had to help me.

We got in our car and went to K-Mart to return the broken chair and got a new replacement. We received the replacement and Kelly Bernie had me fill out an incident report. On Saturday Dec. 1 I was uncomfortable sitting on the Windsor chairs. If one chair broke apart in two weeks what would happen a year from now. I was still shaken up so my husband returned the 4 chairs for credit to our charge but instead we received a K-Mart gift card for the amount of \$127.16.

On Sunday Dec 2 Kelly Bernies called us and gave us a claim #20011191912 and a telephone #1-888-6734437. We called this telephone number to get an address as I planned on seeing the doctor on Monday Dec. 3, 2001 at 11:30 AM. Upon calling 1-888-673-4437 the gentlemen on the phone gave my husband the following information:

Sedgwick Claims Management Services Inc.
1833270 West Big Beaver
Suite 2 W
Troy, Michigan 48084

Tele: 1-888-562-7855

December 5, 2001

Louise Delessio
28 Rye Field Rd.
Enfield, CT 06082

Re: ~~Date of Incident:~~ 11/30/2001
Our File#: 200111919
Location: Kmart # 7729 Windsor, CT

Dear Mrs. Delessio:

This is just a note to let you know that the company involved in your claim is:

Winsome Trading
16111 Woodeinville-Redmond RD. N.E.
Woodinville, WA 98072-9046
(425)-483-8888

I have notified them in writing of this incident, and you should be hearing from their representative in the near future. Should you have any questions regarding this procedure, please contact them directly.

At this time, my investigation has revealed no evidence to indicate any negligence on the part of Kmart and/or the employees.

Very truly yours,

Deo Bennett
Claims Examiner
(888) 562-7855 ext. 7943

Attorney J. Andrew Manning

27 Fremont St.
Manchester, New Hampshire 03103
(603) 669-7825

Date: 1/15/2002

Winsome Trading
16111 Woodeinville-Redmond Rd. N.E.
Woodinville, WA 98072-9046

RE: Louise P. DeLessio
Date of Birth: 3/12/34
SSN: 131 26 2650
Date of Accident: 11/30/2001
Kmart Store #: 7729

To Whom It May Concern,

Please be informed that this office represents Mrs. Louise DeLessio with respect to the injury that she sustained as a result of the structural failure of a preassembled Windsor chair Mrs. DeLessio purchased from the Windsor, CT, Kmart on 11/14/01.

Enclosed is a letter sent to my client from Kmart directing her to send all correspondence to your office. We would appreciate a prompt response to her claim.

Please direct any correspondence regarding this claim to the above address.

If there are any questions or if you care to discuss my client's claim please contact me at your convenience.

Sincerely,



J. Andrew Manning, Esq.

Cc: Kelly Bernier
Kmart Store Manager

**NUTMEG
HEALTHCARE
ASSOCIATES, P.C.**

ALFREDO A. ARBULU, M.D., F.A.C.S.
ROBERT D. CARLSON, M.D.
JULIO N. COELHO, M.D.
♦
DARSHAN J. SHAH, M.D.

GILBERTO E. RAMIREZ, M.D.
VIRGINIA P. RIGGS, M.D.
FRANCIS VANNOSTRAND, M.D.
♦
VITERBO A. MARTINEZ, M.D.

February 11, 2002

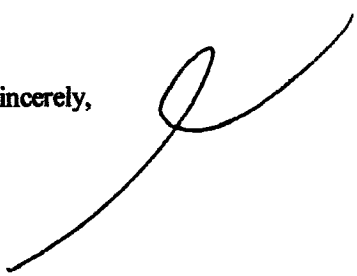
To Whom it May Concern:

Louise Delessio fell on 11/30/01 due to a chair collapsing under her. She has had tendinitis of her left hand and wrist, resulting in increased pain with changes in weather. It is also difficult for her to hold her hand in one position for any length of time.

It is anticipated there will be improvement in pain and movement but it is difficult to say to what degree.

If you have any questions, please feel free to call our office.

Sincerely,



Gilberto E. Ramirez, MD

GER/cp



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

February 27, 2002

Louise Delessio
28 Rye Field Dr.
Enfield, CT 06082

RE: Our Client: Kmart Corporation
Claimant: Louis Delessio
Date of Loss: 11/30/01
Our File Number: 20011191912

Dear Ms. Delessio:

Sedgwick Claims Management Services, Inc. is the claims administrator for the Kmart Corporation. We are in receipt of your claim relative to the captioned matter. We are currently conducting an investigation in connection with your claim.

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 that arose out of incidents that occurred prior to January 22, 2002 until/unless we are authorized to do so. Such authorization may or may not be extended.

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,

Cynthia Cooper
Liability Claims Examiner