FORM B10 (Official Form 10) 4011937

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)
KMART OF MICHIGAN, INC

Case Number:
02-02481

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):

11 3340106

CITY OF GRAND BLANC
203 GRAND BLANC RD
PO BOX 846
GRAND BLANC, MI 48439-0846

☐ 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.

Your claim is scheduled as follows:
Class
UNSECURED PRIORITY
Amount
CONTINGENT, UNLIQUIDATED

10105928

This Space is for Court Use Only

If address differs from above, please complete the following:
Creditor Name:
Address:
City/St/Zip:
Telephone: # 810-694-1118

Account or other number by which creditor identifies debtor:
56-80401-080

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

1. Basis for Claim
☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
XX 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 _____ (date) to _____ (date)

2. Date debt was incurred: [redacted] 12/01/01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 326.04
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 $326.04
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).
XX 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.

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RECEIVED
TRUMBULL SERVICES
BANKR
2002 APR -9 AM 10:43

CC 2710
4/9/02

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):
4/4/02	Bethany J. Smith Treasurer

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

City of Grand Blanc
4/04/02

PROPERTY TAX SYSTEM
Inquiry

TA0080S1

Prop#..: **56-80-401-080**
Owner..: **K MART CORPORATION #9186**
Address: **12730 S SAGINAW ST**
Mail To: **K MART CORP C/O BURR WOLFF, L.P.**
PO BOX 6568
SILOAM SPRINGS AR 72761 6568
Phone..: **501-451-9343**

School Dist.: **GrandBlanc**

Payoff Date.: **4/04/2002**
Total Billed: **46,135.97**
Total Dscnt.: **.00**
Total Paid..: **45,076.07**
Total Due...: **1,059.90**

Enter Option: __

F3=Exit F8=Summary F22=Add'l Info

X	Year	Perd	Type	Bill#	Tax	Pen	Int	Collected	Remaining w/Discount
_	2001	WINT	PERS	200123244	1029.02	30.88	.00	.00	1059.90
_	2001	SUMM	PERS	200103291	5070.57	.00	.00	5070.57	.00
_	2000	WINT	PERS	220002944	984.48	.00	.00	984.48	.00
_	2000	SUMM	PERS	200002854	4723.71	.00	.00	4723.71	.00
_	1999	WINT	PERS	992000728	1519.59	.00	.00	1519.59	.00
_	1999	SUMM	PERS	992000227	7290.04	.00	.00	7290.04	.00
_	1998	WINT	PERS	981003707	2019.02	.00	.00	2019.02	.00
_	1998	SUMM	PERS	980002789	8609.36	.00	.00	8609.36	.00

PARCEL NUMBER	SCH		CLASS	% DEC. HMSTD
680401080	5601	250	****	0

STATE EQUALIZED VALUE	$110,600
CAPPED VALUE	$112,600
TAXABLE VALUE	$110,600
ASSESSED VALUE	$110,600

DESCRIPTION OF PROPERTY
TURN & FIX

IN BANKRUPTCY AS OF 1/22/02

BILL PRORATED TOTAL DUE AT THIS TIME $733.86

MAIL TO
K MART CORP C/O BURR WOLFF, L.
PO BOX 6568
SILOAM SPRINGS AR 72761 6568

PROP. ADDRESS
2730 S SAGINAW ST
GRAND BLANC MI 484390000

MAKE CHECKS PAYABLE TO:
CITY OF GRAND BLANC
203 E. GRAND BLANC RD.
BOX 846
GRAND BLANC, MI 48439-0846

BILL#: 200123252

SPECIALS	
ASSESSMENTS	AMOUNT

WARNING
SEE REVERSE SIDE FOR DUE DATE AND PENALTY

BETHANY J SMITH
TREASURER

200123252

RATES AND DISTRIBUTION OF AMOUNTS BY TAXING AGENCY

TAXING AGENCY	RATE PER DOLLAR ($1.00) STATE EQUALIZED	AMOUNT
COUNTY	5.57350	616.42
PARA MD	.49060	54.26
LIBRARY	.77380	85.58
PARKS	.49060	54.26
AIRPORT	.49060	54.26
MTA	.39960	44.19
GB PARKS	.99360	109.89
TOTL TAX		1018.86
TOTL SPC		.00
ADMN FEE		10.16
TOTL DUE		1029.02

2001 Winter Tax

INTEREST PENALTY 30.88

1,059.90

TREASURER'S COPY

The 2001 Winter tax bill is for the County taxes. These taxes are for fiscal year starting October 1, 2001 thru October 1, 2002.

I have pro-rated the tax bill to account for the pre-bankruptcy charges and any charges that are after January 22, 2002.

There are 114 days due prior to January 22, 2002: October, November, December and Jan 1 thru 22. 114 @ $2.86 per day = $326.04

There are 251 days due after January 22, 2002. Jan 22 thru October 1, 2002. 251 days @ 2.86 per day is equal to $733.86.

I am requesting a check in the amount of $733.86 for taxes due after Jan 22, 2002 the date of bankruptcy filing.

For personal property taxes mail to: City of Grand Blanc
203 E. Grand Blanc Rd
Grand Blanc, MI 48439