NORTHERN DISTRICT OF ILLINO In Re Kmart Corporation, et.al.	IS, EASTERN DIVISION	PROOF OF CLAIM Chapter 11
Name of Debtor: (see attached for complete list of debtors)	Case Numbers 02-02462 through 02-02499	
(see anached for complete list of debtors)	Case Number:	Your claim is scheduled as follow Class
NOTE: This form should not be used to make a claim for an administrative expense may be filed put.  Name of Creditor (The person or other entire to the content of the person or other entire to the content of the cont		NOT SCHEDULEI
Name of Creditor (T).	tive expense arising after the commencement of the	Amount
case. A request for payment of an administrative expense may be filed put Name of Creditor (The person or other entity to whom the debtor owes mon or property):		Amount
08 33689 FREY, CHRISTOPHER 11426 NIGHT STAR WAY RESTON, VA 20194	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	NOT SCHEDULED
	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:		1
Address:	Telephone: #	11647863
City/St/Zip:		This Space is for Court Use
Account or other number by which creditor identifies debtor:		Only
Paging Control of the	Check here if	
Basis for Claim Goods sold	this claim	filed claim, dated
Services performed	Retiree benefits as defined in 11 U.S.C. §11	14(a)
Money loaned	Wages, salaries, and compensation (fill out	reloud
Personal injury/wrongful death	Your SS #:	ociow)
- laxes	Unpaid compensation for services performed	
Other Other	10	
Date debt was incurred	(date) (date)	
Total Amount of Chi		į.
Total Amount of Claim at Time Case Filed:	3. If court judgment, date obtained:	
all or part of your claim is sequent	Vidi 21	l
all or part of your claim at Time Case Filed:  State of your claim is secured or entitled to priority, also complete Item 5  Check this box if claim includes interest or other charges in addition to the parges.	or 6 below per month effective a	1/1/2019
Check this box if claim includes interest or other charges in addition to the pares.  Secured Claim.  Check this box if vour claim is secured or entitled to priority, also complete Item 5.	fincipal amount of the state of	11/349
ecured Claim.	Attach itemized state	ment of all interest or additional
Check this box if your claim is secured by collateral (including a right of	6. Unsecured Priority Claim.	additional
off). collateral (including a right of	Check this box if you have	
Brief Description of Collateral:	Check this box if you have an unsecured priori	y claim.
Real Estate  Motor Vehicle	Specify the priority of the t	
Other	Wages, salaries or commission	1
	☐ Wages, salaries, or commissions (up to \$4,650) of the bankruptcy petition or cessation of the de 11 U.S.C. § 507(a)(3).	
20		
	Up to \$ 2,100 of deposits toward purchase less	U.S.C. §507(a)(4).
	☐ Up to \$ 2,100 of deposits toward purchase, lease personal, family, or household use - 11 U.S.C. § ☐ Alimony, maintenance or support	507(a)(6)
Amount of arrearage and all	☐ Alimony, maintenance, or support owed to a spo U.S.C. § 507(a)(7).	use former spans
ed claim, if any: \$	Taxes or nametric .	and, former spouse, or child - 11
	Taxes or penalties owed to governmental units -  Other - Specify applicable paragraph of LLUS 4	11 U.S.C. 8 507(a)(8)
		S \$ 507(a)( )
dits: The amount of all payments on this alimit		(-)(_)
edits: The amount of all payments on this claim has been credited and deduction.  Pporting Documents: Attach conies of supporting the properties of supporting the	cted for the purpose of making di	
pporting Documents: Attach copies of supporting documents	purpose of making this proof of	
pporting Documents: Attach copies of supporting documents, such as profection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are voluminous, attach a summarts are voluminous, attach a summarts.	omissory notes, purchase orders, invoices,	This Space is for Court Use Only
ilmente are volume:	agreements, and evidence of I	RECEIVED
-Stamped Copy: To receive an acknowledgment of the City	To available, explain. If the	RUMBULT ST. To some
-Stamped Copy: To receive an acknowledgment of the filing of your claim, copy of this proof of claim.	enclose a stamped, self-addressed	RECEIVAD RUMBULL SC. Value DANGER
	- Andressed circiope	
		Amm is a second
	dui/	REX 1: P
Sign and print the name and title, if any, of the creditor or other p copy of power of attorney, if any):	erson authorized to file this claim (attach	APRII Program
Sign and print the name and title, if any, of the creditor or other p copy of power of attorney, if any):		

# NOTICE

The preceding page is a copy of the creditor's original proof of claim which contains their social security number. This number has been blacked out for privacy reasons. Following is the creditor's original proof of claim showing the creditors social security number.

TRUMBULL SERVICES, LLC

L NUKIHERN DICTDION OF	PTCY COURT	DR OOF OF OV
NORTHERN DISTRICT OF ILLINOI In Re Kmart Corporation, et al.	S, EASTERN DIVISION	PROOF OF CLAI
	Case Numbers 02-02462 through	Chapter 11
Name of Debtor	02-02499	Your claim is set at the
Name of Debtor: (see attached for complete list of debtors)	Case Number:	Your claim is scheduled as foll
		Class
NOTE: This form should not be used to make a claim for an administrations. A "coquest" for payment of an administrative expense may be filed pur Name of Creditor (The person or other artistical purposes).	1	NOT SCHEDUL
Name of Creditor (The person or other entity to whom the debtor ourse more controlled to the person or other entity to whom the debtor ourse may be filed pure.	ive expense arising after the commence	- Seriebol
Name of Creditor (The person or other entity to whom the debtor owes mone or property):		Amount
08 33689: FREY, CHRISTOPHER 11426 NIGHT STAR WAY RESTON, VA 20194	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	NOT SCHEDUL
If address differs from above, please complete the following: Creditor Name:		
Creditor Name:		11647060
Address:	Telephone: #	11647863
	!	This Space is for Court Use
City/St/Zip:		Only
Account or other number by which creditor identifies debtor:	Clarity	
	Check here if	
Basis for Claim Goods sold		filed claim, dated
Services performed	- Nous of the second of the se	
□ Money loaned	" "Sob, surdive, and compensation (Ell	pelow)
Personal injury/wrongful death	Your SS #: 048-50-1676 Unpaid compensation for services performed	_
□ Taxes	from to	
□ Other	(date) to(date)	_
Date debt was in		
was incurred: / //	(auto)	
Date debt was incurred: When I refice	(auto)	
Total Amount of Claim at The Control	3. If court judgment, date obtained:	
Total Amount of Claim at Time Case Filed:	3. If court judgment, date obtained:	
Total Amount of Claim at Time Case Filed:	3. If court judgment, date obtained:	11/249
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**Donald L. Morford** Director Employee Benefits

Jeffery J. Szabo Assistant Director Employee Benefits Kmart Corporation International Headquarters 3100 West Big Beaver Road Troy MI 48084-3163 313 643 1681 Fax 313 637 4891

November 17, 1992

MR CHRISTOPHER R FREY 5225 NARDONI DRYDEN MI 48428

> RE: Kmart Corporation Employee Pension Plan S.S.# 048-50-1670

Dear Mr. Frey:

At the time of your termination of employment on  $_{\rm May~8,~1992}$  you had met the requirements for a vested benefit under the Kmart Corporation Employee Pension Plan.

The amount of your pension benefit payable on February 1, 2019 , your Normal Retirement Date, is \$ 446.76 per month. This amount is based on a Life Income form of payment and a birth date of January 9, 1954 .

The benefit amount stated above was calculated based on data shown on Company records; this data will be reviewed prior to actual benefit commencement. If this information is not in compliance with Plan provisions and your benefit amount has been incorrectly stated, the benefit amount you are actually entitled to under the Plan, if any, will be payable.

If you wish to receive your vested pension benefit before your Normal Retirement Date, you may apply at any time after age 55. The amount of your vested benefit will be reduced if payments begin before your Normal Retirement Date or if you elect a form of payment other than Life Income. Your benefit will also be reduced for any pre-retirement survivor coverage. The reduction is based on your age at the time you retire, the form of payment you elect and how many months the pre-retirement survivor coverage was in effect.

#### NORMAL FORM OF PAYMENT

Unless you elect an optional form of payment, your pension benefit will be paid as follows:

If you are single, widowed or divorced when you retire, your pension will be paid to you under the Life Income form of payment. Your pension benefit will be paid for your lifetime and will end when you die.

## NORMAL FORM OF PAYMENT (continued)

If you are married at the time of your retirement, your pension will be paid under the 50% Joint and Survivor form of payment. You will receive a reduced monthly benefit for as long as you live. When you die, your surviving spouse will receive 50% of your benefit, provided you had been married for at least one year at the time of your death. The survivor benefit will be paid for your spouse's lifetime and will end when he/she dies.

With your spouse's written consent, you may elect to receive your pension under the Life Income form of payment instead of the 50% Joint and Survivor form of payment. To do this, you must advise us in writing at least 30 days, but no more than 90 days, before your retirement date.

### OPTIONAL FORMS OF PAYMENT

Instead of the Normal Form of Payment (Life Income or 50% Joint and Survivor form of payment), you may elect any of the following optional forms of payment. Your election must be made in writing at least six (6) months before your retirement date. If you are married, your spouse must consent in writing to your election.

- A 100% Joint and Survivor form of payment. (Available only for married participants).
- A Social Security Leveling Option. (Available only for early retirement. The six (6) month waiting period must be completed before you reach age 62).
- A 10 Year Certain & Life Option.

Each of these optional forms are fully explained in the Plan booklet. Further information and the amounts payable under each optional form may be requested by writing to the Employee Benefits Department, Pension Section, Kmart Corporation, 3100 West Big Beaver Road, Troy, Michigan 48084-3163.

### PRE-RETIREMENT SURVIVOR COVERAGE

The pre-retirement survivor coverage is automatic if you are married. Your benefit is reduced 3/10 of 1% per year (1/40 of 1% per month) to provide this coverage.

If you die before you retire, your surviving spouse will be eligible to receive a pension benefit under the 50% Joint and Survivor form of payment, death. If you die after you have reached age 55, the survivor pension may begin as early as the first of the month following your death or your spouse may choose a later date. If you die before you reach age 55, the survivor pension will begin on the first of the month following the date you would have reached age 55 or any later date selected by your spouse.

You may waive this pre-retirement survivor coverage, but if you waive it and die before retiring, no pension will be payable to your surviving spouse. If you do waive this coverage, it cannot be reinstated. The only time waived pre-retirement survivor coverage can be reinstated is if you are remarried and pre-retirement survivor coverage, you must notify our office in writing. We will then send you the waiver form.

## HOW TO BEGIN YOUR BENEFIT

Please write to the Pension Section at least three months before you wish your pension benefit to begin. All requests for information must include your name, address, telephone number, Social Security number, marital status and requested retirement date. If you are married, please also include your

Your pension records will be kept at the Kmart Corporation Headquarters. It is very important that you notify this office if your name or address changes.

An Morford