FORM B10 (Official Form 10) 4008003

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:** 02-02474

Your claim is scheduled as follows
Class
UNSECURED NON PRIORITY
Amount 35,000 –
CONTINGENT, DISPUTED, UNLIQUIDATED

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)

FELDER, LUCILLE MATKOFF + SHENGOLD
C/O ~~MATKOFF & SHEPPARD~~ 11 2970924
MERYL ~~MARYL~~ COHEN
2500 ARAMARK TOWER
1101 MARKET ST
PHILADELPHIA, PA 19107

- [X] 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

10098756

This Space is for Court Use Only

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

Account or other number by which creditor identifies debtor

Check here if this claim [ ] replaces [ ] amends a previously filed claim, dated

1 Basis for Claim
- [ ] Goods sold
- [ ] Services performed
- [ ] Money loaned
- [X] 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 (date) to (date)

2. Date debt was incurred: 1/19/00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 35,000 –
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.

This Space is for Court Use Only

RECEIVED
TRUMBULL SERVICES
BANKRUPTCY
2 APR 11 PM 2:
4/11/02 AT 3654

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)
4/8/02	Meryl Matkoff Cohen

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

NOTICE

The following documentation is backup to the Proof of Claim.

Suzanne Mucklo
Trumbull Services, LLC

B10 (Official Form 10)
(Rev 6/91)

United States Bankruptcy Court
Northern District of Illinois

PROOF OF CLAIM

In re (Name of Debtor)
KMART CORPORATION

Case Number
02-02474

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A 'request' of payment of an administrative expense may be filed pursuant to 11 U S C § 503

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

Name and Addresses Where Notices Should be Sent
Meryl Matkoff Cohen, Esquire
1101 Market St. Suite 2500
Philadelphia PA 19107

Telephone No (215) 922-6073

☐ 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

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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
- ☐ Taxes
- ☐ Other (Describe briefly)

- ☐ Retiree benefits as defined in 11 U S C § 1114(a)
- ☐ Wages, salaries, and compensations (Fill out below)
  Your social security number _____
  Unpaid compensations for services performed
  from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED
1/19/00

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured It is possible for part of a claim to be in one category and part in another
CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM

☐ SECURED CLAIM $ _____
Attach evidence of perfection of security interest
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges included in secured claim above, if any $ _____

☑ UNSECURED NONPRIORITY CLAIM $ 35,000.-
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim

☐ UNSECURED PRIORITY CLAIM $ _____
Specify the priority of the claim

- ☐ Wages, salaries, or commissions (up to $2000), earned not more than 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—U S C § 507(a)(4)
- ☐ Up to $900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—11 U S C § 507(a)(6)
- ☐ Taxes or penalties of governmental units—11 U S C § 507(a)(7)
- ☐ Other—11 U S C. §§ 507(a)(2), (a)(5)—(Describe briefly)

5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED
$ 35,000.- (Unsecured) $ _____ (Secured) $ _____ (Priority) $ 35,000- (Total)

☐ Check this box if claim includes prepetition charges in addition to the principal amount of the claim Attach itemized statement of all additional charges

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain If the documents are voluminous, attach a summary.

8 TIME-STAMPED COPY To receive an acknowledgement 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
RECEIVED
TRUMBULL SERVICES
BANKRUPTCY
APR 11 PM 2:

Date
3/5/02

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)
Meryl Matkoff Cohen, attorney for Lucille Felder 4/11/02

3654

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

STATEMENT

Please be advised that we represent Lucille Felder in a claim for personal injuries sustained as the result of an accident which occurred on January 19, 2000 at Kmart at 3301 Aramingo Avenue, Philadelphia, PA 19134.

On March 5, 2002, this office mailed a Proof of Claim form to the United States Bankruptcy Court for the Northern District of Illinois with regard to Case Number 02-02474. A copy of the Proof of Claim and our cover letter dated March 5, 2002 is attached hereto.

Shortly thereafter, we received correspondence and enclosures back from the United States Bankruptcy Court including the following:

Notice of Last Date and Procedures for Filing Proofs of Claim;
List of Debtors, Case Numbers and Tax Identification Numbers;
Exhibit A; and
Proof of Claim Chapter 11 Form.

Therefore, in accordance with the information forwarded to us by the United States Bankruptcy Court for the Northern District of Illinois, we are filing a Proof of Claim form with Kmart Corporation, c/o Trumbull Services, LLC, P.O. Box 426, Windsor, CT 06095.

Thank you for your cooperation and courtesy in this matter.

Cordially yours,

MATKOFF, SHENGOLD, BURKE, LONDON, BLYWEISS & ARBITTIER

MERYL MATKOFF COHEN

MMC/cmm
Enclosures

LAW OFFICES
MATKOFF, SHENGOLD, BURKE, LONDON, BLYWEISS & ARBITTIER
ASSOCIATES, P.C.
2500 ARAMARK TOWER
1101 MARKET STREET
PHILADELPHIA, PA 19107
(215) 922-6073
FAX (215) 922-5787

LOUIS MATKOFF
ROBERT R BURKE
EDWIN L LONDON
DANIEL A BLYWEISS
ARON ARBITTIER

JEFFREY A MULDAWER
MERYL MATKOFF COHEN*
DAVID S BERMAN
LARRY GLASS
JO ANN P KELTON
MICHAEL-JOHN GOODNOW

* ALSO MEMBER OF NEW JERSEY BAR

March 5, 2002

RE: Lucille Felder
Case Number: 02-02474

Clerk of the United States Bankruptcy Court
for the Northern District of Illinois
219 S. Dearborn Street
Chicago, IL 60604

Dear Sir/Madam:

Enclosed please find an original and one (1) copy of the Proof of Claim form with regard to the above-referenced matter. Please file the original and return the time-stamped copy to our office in the envelope provided.

Of course, if you have any questions, please do not hesitate to contact our office. Thank you for your cooperation in this request.

Cordially yours,

MATKOFF, SHENGOLD, BURKE,
LONDON, BLYWEISS & ARBITTIER

MERYL MATKOFF COHEN

MMC/cmm
Enclosures

LAW OFFICES
MATKOFF, SHENGOLD, BURKE, LONDON, BLYWEISS & ARBITTIER
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LOUIS MATKOFF
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EDWIN L LONDON
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JEFFREY A MUDDAWER
MERYL MATKOFF COHEN*
DAVID S BERMAN
LARRY GLASS
JO ANN P KELTON
MICHAEL-JOHN GOODNOW

* ALSO MEMBER OF NEW JERSEY BAR

April 8, 2002

RE: Lucille Felder v. Kmart Corporation
Case Number: 02-02474

Kmart Corporation, et al.
C/o Trumbull Services, LLC
P.O. Box 426
Windsor, CT 06095

Dear Sir/Madam:

Enclosed please find completed Proof of Claim form with regard to the above-referenced matter.

Kindly acknowledge receipt of the aforementioned documents on the enclosed copy of this letter and return to our office in the self-addressed stamped envelope provided for your convenience.

Of course, if you have any questions, please do not hesitate to contact our office. Thank you for your cooperation in this request.

Cordially yours,

MATKOFF, SHENGOLD, BURKE,
LONDON, BLYWEISS & ARBITTIER

Meryl Matkoff Cohen

MERYL MATKOFF COHEN

MMC/cmm
Enclosures
VIA CERTIFIED MAIL,
RETURN RECEIPT REQUESTED

It is on this day of , 2002, I acknowledge receipt of the within Proof of Claim form with attached Statement.

Printed Name

Signature