FORM B10 (Official Form 10) 6000466

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:

Class
NOT SCHEDULED

Amount
NOT SCHEDULED

Name of Debtor (see attached for complete list of debtors)
KMART #3244

Case Number:
02-02462 THRU 02-02499

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)

13 2231904

BOROUGH OF BERLIN
59 WHITE HORSE PIKE
BERLIN, NJ 08009 2231

- ☐ 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.

12500572

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If address differs from above, please complete the following:
Creditor Name

Address

City St Zip

Telephone # 856-767-0022

Account or other number by which creditor identifies debtor: 80119840

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
- ☐ 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: 03/2002

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 697.43
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 $ 697.43

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.

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Date 04/11/02

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).

4-15-02

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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.

JAMES E CHOJNACKI, Mayor
STEPHEN J DRINGUS, JR., Administrator

BARBARA BERGLUND, CTC, Treasurer
CHRISTINE WAHL, CTA, Tax Assessor

Municipal Building
59 South White Horse Pike
Berlin, New Jersey 08009

JILL S MC CREA, RMC
Borough Clerk
Phone: (856) 767-7777
Fax (856) 753-9122

April 11, 2002

Kmart Corporation, et al
c/o Trumbull Services Company, LLC
P O Box 426
Windsor, Ct 06095

Re Case Number # 02-02462 thru 02-02499
Kmart Corporation, et al

To Whom It May Concern

Enclosed please find an original and copy of the Proof of Claim for the above mentioned Chapter 13 case

Please date stamp the copy and return it to me in the enclosed stamped, self-addressed envelope

Thank you for your continued consideration and cooperation

Sincerely,

Lisa Eggert,
Tax Clerk

Enc

Certified # 7001 0360 0002 6010 8581
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