

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

**PROOF OF CLAIM  
Chapter 11**

**In Re Kmart Corporation, et al**  
**Name of Debtor:** *K-Mart Corp, 3100 W. Big Beaver Rd, Overland, Mo*  
**Case Number:** *02-02462 through 02-02499*  
**Case Number:** *02-02474*

**Your claim is scheduled as follows:**  
**Class:**  
 UNSECURED NON PRIORITY  
**Amount:**

**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. § 502.

**Name of Creditor (The person or other entity to whom the debtor owes money or property):**  
 BROWN, BRIANNA  
 4228 EDGEWOOD  
 SAINT LOUIS, MO 63121  
 11 2369428

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.

CONTINGENT, DISPUTED, UNLIQUIDATED  
 10076096  
 This Space is for Court Use Only

**If address differs from above, please complete the following:**  
**Creditor Name:**  
**Address:**  
**City/ST/Zip:** *K-Mart Customer Incident Center, Sedwick Claims*  
**Telephone #:** *314-382-2649*

**Account or other number by which creditor identifies debtor:**  
*File No. 200112992-5500*

Check here if  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 \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2. Date debt was incurred:** *1-15-02*

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed:** \$ *575.00*  
 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 \$ *575*  
 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)(\_\_\_\_):  
*Personal Injury (Minor Child)*

**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  
*CL 4875*  
*4-12-02*

**Date:** *4/5/02*  
**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):**  
*Theodore S Brown (Father)*

*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.*

# VOLUNTARY PETITION

United States Bankruptcy Court

Northern District of Illinois

**VOLUNTARY PETITION**

Name of Debtor (if individual, enter Last, First, Middle): <b>KMART CORPORATION</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by Debtor in the last 6 years (include married, maiden, and trade names):	All Other Names used by Joint Debtor in the last 6 years (include married, maiden, and trade names):
Soc. Sec./Tax I.D. No. (if more than one, state all): <b>38-0729500</b>	Soc. Sec./Tax I.D. No. (if more than one, state all):
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>3100 West Big Beaver Road Troy, MI 48084</b>	Street Address of Debtor (No. & Street, City, State & Zip Code):
County of Residence or of the Principal Place of Business: <b>Oakland</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
Location of Principal Assets of Business Debtor (if different from addresses listed above):	

## INFORMATION REGARDING DEBTOR (Check the Applicable Boxes)

- Venue (Check any applicable box)
- Debtor has been domiciled or has had a residence, principal place of business or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
  - There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Type of Debtor (Check all boxes that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual</li> <li><input checked="" type="checkbox"/> Corporation</li> <li><input type="checkbox"/> Partnership</li> <li><input type="checkbox"/> Railroad</li> <li><input type="checkbox"/> Stockbroker</li> <li><input type="checkbox"/> Commodity Broker</li> </ul>	Chapter or Section of Bankruptcy Code Under Which the Petition Is Filed (Check one box) <ul style="list-style-type: none"> <li><input type="checkbox"/> Chapter 7</li> <li><input type="checkbox"/> Chapter 9</li> <li><input checked="" type="checkbox"/> Chapter 11</li> <li><input type="checkbox"/> Chapter 12</li> <li><input type="checkbox"/> Chapter 13</li> <li><input type="checkbox"/> Sec. 304-Case ancillary to foreign proceeding</li> </ul>
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Nature of Debts (Check one box) <ul style="list-style-type: none"> <li><input type="checkbox"/> Consumer/Non-Business</li> <li><input checked="" type="checkbox"/> Business</li> </ul>	Filing Fee (Check one box) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Full Filing Fee attached.</li> <li><input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only)</li> </ul>
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Chapter 11 Small Business (Check all boxes that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101.</li> <li><input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e). (optional)</li> </ul>	Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.
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Statistical/Administrative Information (Estimates only) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</li> <li><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors</li> </ul>	THIS SPACE IS FOR COURT USE ONLY
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Estimated Number of Creditors	1-15	16-49	50-99	100-199	200-999	1,000-over
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Estimated Assets	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50,000,000
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Debts	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**U.S. Bankruptcy Court**  
**Northern District of Illinois**  
**RECEIVED: 01/22/02**  
**Time: 8:02 a.m.**  
**Debtor: KMART CORPORATION**  
**Case #: 02-02474**  
**Chapter 11 Rec# 324660**  
**Judge Susan Pierson Sonderby**



**VOLUNTARY PETITION**

*(This page must be completed and filed in every case)*

Name of Debtor(s):  
**KMART CORPORATION**

Form 31, Page 2

**Prior Bankruptcy Case Filed Within Last 6 Years** (If more than one, attach additional sheet)

Location

WT Filed: None

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by Any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet.)

Name of Debtor:

See Annex A

Case Number:

Date Filed:

District:

Relationship:

Judge:

**SIGNATURES**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Debtor

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

**Signature of Attorney**

Signature of Attorney for Debtor(s)

John Wm. Butler, Jr.

Printed Name of Attorney for Debtor(s)

Skadden, Arps, Slate, Meagher & Flom (Illinois)

Firm Name

333 W. Wacker Drive, Chicago, IL 60606

Address

(312) 407-0700

Telephone Number

January 22, 2002

Date

**EXHIBIT A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

Exhibit A is attached and made a part of this petition.

**EXHIBIT B**

(To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

Signature of Attorney for Debtor(s)

Date

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Charles C. Conaway

Name of Authorized Individual

Chief Executive Officer

Title of Authorized Individual

January 22, 2002

Date

**Signature of Non-Attorney Petition Preparer**

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.



**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

January 15, 2002

Mr. & Mrs. Theodore Brown  
4228 Edgewood  
St. Louis, MO 63121

RE: Incident involved: Brianna Brown (minor)  
D/I: December 22, 2002  
Location: Kmart # 9330 in Overland, MO  
File: 200112992-5500

Dear Mr. & Mrs. Brown:

I have evaluated the claim(s) made and I am extending an offer of \$515.00 total to settle. I have enclosed a Release of All Claims. If you decide to accept this offer please execute the release and have it properly witnessed. Once I receive the executed release I will issue one check for \$ 515.00.

Should you have any additional questions, please feel free to contact the undersigned at (888) 562-7855 ext. 7995.

Take Care,

*Kandice Dickenson*

*La Walker*  
Kandice Dickenson  
Claims Examiner

~~Jeanette Walker  
771-5826~~

~~716-5767~~

~~534-9121~~

~~Cherly Ray (TCA-11)  
726-5410~~

*K*



February 8, 2002

**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

Mr. Theodore Brown  
4228 Edgewood  
St. Louis, MO 63121

**RE:            Our Client:            Kmart# 9344**  
**Claimant:                Brianna Brown (minor)**  
**Date of Loss:            12/22/2001**  
**Our File Number: 200112992-5500**

Dear Mr. Brown,

Sedgwick Claims Management Services, Inc. is the claims administrator for the Kmart Corporation. On behalf of Kmart, we reached an agreement to settle your claim for the amount of \$ 515.00 and were prepared to issue payment in that amount in exchange for your properly executed release.

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, Kmart has not provided Sedgwick CMS the funds for the payment of any claims. Such authorization may or may not be extended. You should receive information from the Bankruptcy Court in the future on how to proceed with your claim.

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,

Kandice Dickenson  
(888) 562-7855, ext. 7995

~~WAS~~  
~~HAB. US Court. G.V.~~