

| 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: |
| Name of Debtor (see attached for complete list of debtors) | Case Number: | Class NOT SCHEDULED |
| 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. | | Amount NOT SCHEDULED |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) <div style="text-align: right; margin-right: 100px;">09 3477044</div> ROBINSON, JEAN 12044 ROYAL RD SP 42 EL CAJON, CA 92021 | <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. | 11750845 |
| If address differs from above, please complete the following: Creditor Name _____ Telephone # _____ Address: _____ City/ST/Zip _____ | | This Space is for Court Use Only |
| Account or other number by which creditor identifies debtor | Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____ | |
| 1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ | | <input checked="" type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date) |
| 2 Date debt was incurred: | 3. If court judgment, date obtained: | |
| 4. Total Amount of Claim at Time Case Filed: \$ <u>43.97 per mo.</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input type="checkbox"/> 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. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____ | 6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> 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 SM # 4928 4-12-02 COURT CLERK |
| Date <u>4-5-02</u> | 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) <u>JEAN L. ROBINSON</u> | |
| 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 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

| UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | PROOF OF CLAIM Chapter 11 |
|---|---|---|
| In Re Kmart Corporation, et al. | | Your claim is scheduled as follows: |
| Case Numbers 02-02462 through 02-02499 | | Class NOT SCHEDULED |
| Name of Debtor (see attached for complete list of debtors) | | Amount NOT SCHEDULED |
| Case Number: | | 11750845 This Space is for Court Use Only |
| 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) | <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. | |
| 09 3477044 ROBINSON, JEAN 12044 ROYAL RD SP 42 EL CAJON, CA 92021 | | |
| If address differs from above, please complete the following: | | |
| Creditor Name: | Telephone: # | |
| Address: | | |
| City/ST/Zip | | |
| Account or other number by which creditor identifies debtor: | Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated | |
| 1. Basis for Claim | <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # <u>104-30-9942</u> Unpaid compensation for services performed from ___ to ___ (date) (date) |
| 2. Date debt was incurred: | 3. If court judgment, date obtained: | |
| 4. Total Amount of Claim at Time Case Filed: | \$ <u>43.97 per mo.</u> | |
| If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below | | |
| <input type="checkbox"/> 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 | 6. Unsecured Priority Claim | |
| <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____ | <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> 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 | This Space is for Court Use Only | |
| 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. | SM # 4928 | |
| 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 | 4-12-02 BANKRUPTCY | |
| 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) JEAN L. ROBINSON | |
| 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 | | |

I am receiving
a Retirement check
for #4397 - I don't
know if any of this
affects me but
I have filled this
out to the best
of my knowledge
Jean Robinson



JEAN S ROBINSON

104-30-9942



Kmart Corporation

IF YOUR PENSION CHECK IS LOST: Please do not call to report a missing pension check until at least the 7th of the month. Report a lost check on or after the 7th by calling 1-800-33KMART.

ADDRESS CHANGE: See other side. Please use the Address Change portion of your check if your address changes. In general, an address change must reach our office by the 15th of the month to be changed for your next check



Kmart Corporation

Payee
JEAN S ROBINSON

Soc. Sec. No.
104-30-9942

Check Date
02/14/02

Check No.
0006253817

| Payment For Month of | Gross Amount | Federal Deduction | State Deduction | Total Deduction | Net Payment |
|----------------------|--------------|-------------------|-----------------|-----------------|-------------|
| 02/14/02 | 43.97 | 0.00 | 0.00 | 0.00 | 43.97 |

PENSION BENEFIT PAYMENT

JEAN S ROBINSON
12044 ROYAL RD SP 42
EL CAJON, CA 92021

Withholding Exemptions Claimed

Federal 000 SINGLE
State 000 SINGLE

DETACH CHECK ALONG PERFORATION

NON-NEGOTIABLE
THIS SECTION IS NOT A CHECK