FORM B10 (Official Form 10) 4013174

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

UNSECURED PRIORITY

Amount

CONTINGENT, UNLIQUIDATED

Name of Debtor (see attached for complete list of debtors)

Case Number:

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)

11 3339171

CITY OF ST CLAIR SHORES TREASURER
27600 JEFFERSON CIRCLE DR
ST CLAIR SHORES, MI 48081-2093

(586)445-5200

☐ 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

If address differs from above, please complete the following:

Creditor Name

Address

City/St/Zip

Telephone #

This Space for Court Use

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
APR 10 2002
KENNETH S. GARDNER
MAILROOM - MM
10106790

Account or other number by which creditor identifies debtor
1433226021

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:
12-10-01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 12,242.58

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 $ 3,049,200.00

Amount of arrearage and other charges at time case filed included in secured claim, if any $ 9985.68

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 or 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
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT
APR 10 2002
KENNETH S. GARDNER
MAILROOM - MM

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	Timothy P. Haney, Treasurer

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.

5M 5250

4/10/02 [redacted]

TXN10[illegible] Tax Inquiry

CITY OF ST. CLAIR SHORES

Property number: 1433226021 Owner name: ST. CLAIR SH[illegible]

Property address: 22801 HARPER

Year	Season	Amount Due	Amount Paid	Balance	Taxable	SEV
2001	WINTER	6,350.30	.00	6,350.30	[illegible]	[illegible]
2001	SUMMER	62,204.13	62,204.13	.00	[illegible]	[illegible]

3,049,200

Bottom

F9=Assess Inq F10=Prior Tax F11=History F12=Return Enter=Detail

WS1000 F.[illegible] Account Inquiry [illegible]

CITY OF ST. CLAIR SHORES

Position To Date: _____

Service Address: **22801 HARPER** Total Due: [illegible]

Account #: **23855-00** Due Date: [illegible]

Record #: **22045**

X	Date	Type	Reading	---Consumption--- Water	Sewer	Type	Read Date	Previous Date	Total Amount
_	3/[illegible]/2002	B	7615	147	147	A	3/[illegible]	[illegible]	[illegible]
_	1/[illegible]/2002	N		0	0				[illegible]
_	12/[illegible]/2001	B	7468	285	285	A	[illegible]/10/2001	9/[illegible]	[illegible]
_	10/[illegible]/2001	P		0	0				[illegible]
_	10/[illegible]/2001	N		0	0				[illegible]
_	9/[illegible]/2001	B	7183	664	664	A	9/10/2001	[illegible]	[illegible]
_	[illegible]/2001	P		0	0				[illegible]
_	[illegible]	B	6519	256	256	A	6/0[illegible]	[illegible]	[illegible]
_	[illegible]	[illegible]		[illegible]	0				[illegible]
_	[illegible]	B	6263	16[illegible]	16[illegible]	A	3/0[illegible]/2001	[illegible]	[illegible]
_	2/13/2001	P		0	0				[illegible]
_	[illegible]	[illegible]		0	[illegible]				[illegible]

F3 Return/First Screen F6=Comments F[illegible] Return [illegible]

12-16 01

$3635.37

$12,242.58