FORM B10 (Official Form 10)

0194513

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)
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" 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):

08 3384086

KELLER, DONNIE [redacted]
412 CANARY AVE
MC ALLEN, TX 78504

☐ 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.

Your claim is scheduled as follows:

Class
NOT SCHEDULED

Amount
NOT SCHEDULED

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

11662994

This Space is for Court Use Only

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

☒ 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: 4/2/1973 – 11/29/89

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 250.57 per month, lifetime benefit
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
SM 6353
RECEIVED
TRUMBULL SERVICES
2002 APR 17 AM 10: 44
4-17-02
BANKRUPTCY

Date: 4/12/2002

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):
Donnie G. Keller DONNIE G. KELLER

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 creditor's social security number.

TRUMBULL SERVICES, LLC

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

08 3384086

KELLER, DONNIE S.S. 455-90-2236
412 CANARY AVE
MC ALLEN, TX 78504

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

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Class
NOT SCHEDULED
Amount
NOT SCHEDULED

11662994
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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 _____

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☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other

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☐ Wages, salaries, and compensation (fill out below)
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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)(__).

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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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SM 6353
RECEIVED
TRUMBULL SERVICES COMPANY
2002 APR 17 AM 10: 44
4-17-02
BANKRUPTCY

Date: 4/12/2002

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):
Donnie G. Keller DONNIE G. KELLER

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.

Donald L. Morford
Director
Employee Benefits

Jeffery J. Szabo
Assistant Director
Employee Benefits

Kmart Corporation
International Headquarters
3100 West Big Beaver Road
Troy MI 48084-3163
313 643 1681
Fax 313 643 2514

AUGUST 30, 1991

KELLER, DONNIE G
1600 TAMARACK APT #103
MC ALLEN TX78501

Re: Retirement Pension Plan
S.S. # 455-90-2236 16

DEAR MR/MS KELLER:

At the time of your termination of employment on 11/29/89, you had met the requirements for a vested benefit under Kmart Corporation Employee Pension Plan.

The amount of your pension benefit payable on 08/01/2018 , your Normal Retirement Date, is $250.57 per month. This amount is based on a Life Income form of payment and a birth date of 07/15/53 . You must verify your birth date when you retire.

The benefit amount stated above was calculated based on data shown on Company records; this data will be reviewed prior to actual benefit commencement. If this information is not in compliance with Plan provisions and your benefit amount has been incorrectly stated, the benefit amount you are actually entitled to under the Plan, if any, will be payable.

If you wish to receive your vested pension benefit before your Normal Retirement Date, you may apply at any time after age 55. The amount of your vested benefit will be reduced if payments begin before your Normal Retirement Date or if you elect a form of payment other than Life Income. Your benefit will also be reduced for any pre-retirement survivor coverage. The reduction is based on your age at the time you retire, the form of payment you elect and how many months the pre-retirement survivor coverage was in effect.

NORMAL FORM OF PAYMENT

Unless you elect an optional form of payment, your pension benefit will be paid as follows:

If you are **single, widowed** or **divorced** when you retire, your pension will be paid to you under the **Life Income** form of payment. Your pension benefit will be paid for your lifetime and will end when you die.

If you are **married** at the time of your retirement, your pension will be paid under the **50% Joint and Survivor** form of payment. You will receive a reduced monthly benefit for as long as you live. When you die, your surviving spouse will receive 50% of your benefit, provided you had been married for at least one year at the time of death. The survivor benefit will be paid for your spouse's lifetime and will end when he/she dies.

With your spouse's written consent, you may elect to receive your pension under the Life Income form of payment instead of the 50% Joint and Survivor form of payment. To do this, you must advise us in writing at least 90 days before your retirement date.

OPTIONAL FORMS OF PAYMENT

Instead of the Normal Form of Payment (Life Income or 50% Joint and Survivor form of payment), you may elect any of the following optional forms of payment. Your election must be made in writing at least twelve (12) months before your retirement date. If you are married, your spouse must consent in writing to your election.

- A **66 2/3% Joint and Survivor** form of payment. (Available only for married participants).
- A **100% Joint and Survivor** form of payment. (Available only for married participants).
- A **Social Security Leveling Option.** (Available only for early retirement. The 12 month waiting period must be completed before you reach age 62).

Each of these optional forms are fully explained in the Plan booklet. Further information and the amounts payable under each optional form may be requested by writing to the Employee Benefits Department, Pension Section, Kmart Corporation, 3100 W. Big Beaver Road, Troy, Michigan 48084-3163.

PRE-RETIREMENT SURVIVOR COVERAGE

The pre-retirement survivor coverage is automatic if you are married. Your benefit is reduced 3/10 of 1% per year (1/40 of 1% per month) to provide this coverage.

If you die before you retire, your surviving spouse will be eligible to receive a pension benefit under the **50% Joint and Survivor** form of payment, provided you had been married for at least one year at the time of your death. If you die after you have reached age 55, the survivor pension may begin as early as the first of the month following your death or your spouse may choose a later date. If you die before you reach age 55, the survivor pension will begin on the first of the month following the date you would have reached age 55 or any later date selected by your spouse.

You may waive this pre-retirement survivor coverage, but if you waive it and die before retiring, no pension will be payable to your surviving spouse. If you do waive this coverage, you may reinstate it at any time. If you want to waive the pre-retirement survivor coverage, you must notify our office in writing. We will then send you the waiver form.

HOW TO BEGIN YOUR BENEFIT

Please write to the Pension Section at least three months before you wish your pension benefit to begin. All requests for information must include your name, address, telephone number, Social Security number, marital status and requested retirement date. If you are married, please also include your spouse's birth date.

Your pension records will be kept at the Kmart Corporation Headquarters. It is very important that you notify this office if your name or address changes.

Sincerely,

Jon Mogford