FORM B10 (Official Form 10)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

PROOF OF CLAIM
Chapter 11

In Re Kmart Corporation, et. al.

Case Numbers 02-B02474 through 02-B02498

Your claim is scheduled as follows:

Class

Amount

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

Kmart Corporation

Case Number:

02-B02474

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):

William Cody Perkins and Lisa Perkins
11057 Farr Drive
Knoxville, TN 37922
c/o Attorney, Mark E. Floyd
Pryor, Flynn, Priest & Harber
Post Office Box 870
Knoxville, TN 37902 865/522-4191

☐ 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 is for Court Use Only

Account or other number by which creditor identifies debtor:
Claim Number 20011080358

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:
10/22/01

3. If court judgment, date obtained:
N/A

4. Total Amount of Claim at Time Case Filed: $ unliquidated damages - amount unknown

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.

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SM 7003

Date
4-8-02

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):

Mark E. Floyd, Attorney for Claimants

Mark E. Floyd

4-12-02

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.

No. 8 Supporting Documents:

This claim is for compensatory damages arising out of personal injury and would include damages for pain and suffering, loss of enjoyment of life, loss of earning capacity, medical expenses, permanent disability and other elements of compensatory damages allowed under Tennessee law. At this time, the claimants do not have supporting documentation in that the claimant is continuing to receive medical treatment for injuries sustained in an accident at K-Mart Corporation. It is anticipated that supporting documentation of certain elements of compensatory damage will be available in the future and can be provided when they become available.

PRYOR, FLYNN, PRIEST & HARBER
ATTORNEYS AT LAW
TWO CENTRE SQUARE, SUITE 600
625 GAY STREET
P. O. BOX 870
KNOXVILLE, TENNESSEE 37901

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*TENNESSEE SUPREME COURT
APPROVED MEDIATOR

AREA CODE 865
TELEPHONE 522-4191
TELECOPIER 522-0910
www.pfph-law.com

April 8, 2002

Kmart Corporation, et al.
c/o Trumbull Services Company, LLC
Post Office Box 426
Windsor, Connecticut 06095

RE: Proof of Claim
Our Client: William Cody Perkins and Lisa Perkins
Date of Loss: October 22, 2001

Dear Trumbull Services Company:

I am enclosing on behalf of my clients named above a Proof of Claim which I would request be filed in the Bankruptcy proceeding involving Kmart Corporation. I am enclosing an additional copy of this proof of claim and a stamped, self-addressed envelope and would request that you forward to me an acknowledgment of the filing of this Claim. Thank you for your cooperation and if you should have any questions, please give me a call.

Yours truly,

Mark E. Floyd

MEF:dld

Enclosures