FORM B10 (Official Form 10) 2685733

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)* | **Case Number:**

Your claim is scheduled as follows:
Class NOT SCHEDULED
Amount 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.

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

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WILLIAMS, OLIVIA
3601 TIMBER BLUFF LN
NEW ORLEANS, LA 70131

- ☐ 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.

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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 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:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ _____
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.

RECEIVED
TRUMBULL DIV.
BANKRUPTCY
2002 APR 18 AM 9:08
7340

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Date 4/14/02

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)

Marjorie Howard (POA) MARJORIE HOWARD A.B. 4-18-02

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

DURABLE POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS, that I, OLIVIA S. WILLIAMS, and residing at 565 F. Lansing Boulevard, Idlewild, Michigan 49642, Social Security Number 277-12-4670, have made, constituted and appointed and BY THESE PRESENTS, do make, constitute and appoint MARJORIE HOWARD, and residing at 549 C. Lansing Boulevard, Idlewild, Michigan 49642, true and lawful ATTORNEY for me and in my name, place and stead, for the purpose of managing my personal business affairs, including but not limited to the following specific acts:

a). To manage my personal money matters, bank accounts, and

b). To receive, endorse and to cash all checks made out payable to my order, and

c). To represent my interests and secure the assistance to which I am entitled under the Medicaid and Medicare programs of the Social Security Administration, and

d). To deal with any agencies on my behalf relating to securing any old age assistance and any other benefits to which I may be entitled, and

e). In general to do all acts, deeds, matters and things whatsoever in or about my estate, property and affairs, or to concur with persons jointly interested with myself therein in doing all acts, deeds, matters and things herein, either particularly described or generally described, as fully and effectually to all intents and purposes as I could do in my own proper person if personally present.

I, OLIVIA S. WILLIAMS, hereby ratify and confirm and promise at all times to ratify and confirm all and whatsoever my ATTORNEY shall lawfully do or cause to be done in and about the premises by virtue of these presents, including anything which shall be done between the revocation by my death or in any other matter and notice of such revocation reaching my ATTORNEY; and I hereby declare that as against me and all persons claiming under me, everything which my ATTORNEY shall do or cause to be done in pursuance hereof, after such revocation as aforesaid, shall be effectual and valid in favor of any person claiming the benefit thereof who, before the doing thereof, shall not have had notice of such revocation.

This Durable Power of Attorney shall not be affected by the disability, incompetency or incapacity of the principal,

except as provided by statute; this Power shall continue and it shall be exercisable notwithstanding my subsequent disability, incompetency or incapacity.

A copy of this Durable Power of Attorney shall be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 27th day of March, 1996.

Signed, Sealed and Delivered
in the Presence of:

MARK S. WICKENS

OLIVIA S. WILLIAMS

VICKY R. MALLO

STATE OF MICHIGAN)
) ss.
COUNTY OF LAKE)

Be it known that on this 27th day of March, 1996, before me a Notary Public, in and for said County of Lake, personally came the above OLIVIA S. WILLIAMS, known to me to be the person described in and who executed the above Durable Power of Attorney and acknowledged the same to be her free act and deed.

Mark S. Wickens
Notary Public
Lake County, Michigan
My commission expires: 6-2-97

Drafted by:
MARK S. WICKENS
Attorney at Law
888 North Michigan Avenue
Baldwin, Michigan 49304