FORM B10 (Official Form 10)

12098367302 542

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

UNSECURED NON PRIORITY

Amount

$2,225.00

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): UNION PLANTERS BANK AGENT FOR ROSEMARY J. RISHER ESTATE
P.O. BOX 523
BELLEVILLE, IL
62223

11 2321173

☐ 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:

Telephone: #

Address:

City/St/Zip:

10564364

This Space is for Court Use Only

Account or other number by which creditor identifies debtor: IM 5552006

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 STOCK HOLDER OF SECURITY

☐ 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 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.

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SM 7476

RECEIVED TRUMBULL SERVICES COMPANY
2002 APR 18 PM 2:40
4-18-02
BANKRUPTCY

Date: 4/16/02

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): DENNIS R. HUNT AGENT FOR UNION PLANTERS BANK

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.

BANK: 01 ** SECURITY LIST OF HOLDERS ** 14:35 04/09/02
TRAN SECURITY RC ACCOUNT
TSHL 482584109 08 1M5552006

K MART CORP
(IN BANKRUPTCY)

TOTAL UNITS HELD: 3,039.000
TOTAL CARRY VALUE: 24,417.32

POLICY CODES:

REG	ACCOUNT	SHORT TITLE	MARKET VALUE	TOTAL UNITS / INV INCOME UNITS	I/O	A/O	RESP	RSTR	CARRY VALUE
1.	08	1M5552006	RISHER, ROSEMARY J. ESTATE	200.000	JWD	RAT	1		2,220.00
			240.00	0.000					
2.	08	133211003	REULING, MARY OLIVE TRUST	289.000	PJK		4		5,707.75
			346.80	0.000					
3.	08	133476002	OLSON, ELIZABETH CUSTODIAL AGENCY	422.000	DJA		2		3,370.13
			506.40	0.000					
4.	08	216570002	GREEN, P.E. TUA	300.000	MC C	RSW	RGE	2	4,143.75
			360.00	0.000					

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