FORM B10 (Official Form 10) 0182769

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)

08 3372342

GOYNE, CAROL
R D #10 PINE RUN RD BOX 7
WILKES BARRE, PA 18702

☐ 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 Goyne, Carol A. Telephone # 570 829 5352
Address. 175 Pine Run Rd
City/St/Zip Wilkes-Barre, PA 18706

11651250

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:

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)(__)

RECEIVED
TRUMBULL SERVICES
BANKRUPTCY

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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MAS FOLDER #

4/19/02 8532

Date 4/3/02

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)
Carol A Goyne

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

GOYNE, CAROL A
R.D. #10 PINE RUN RD. BOX 7
WILKES BARRE PA18702

Re: Retirement Pension Plan
S.S # 191-36-3946 11

DEAR MR/MS GOYNE:

At the time of your termination of employment on 02/20/89, you had met the requirements for a vested benefit under Kmart Corporation Employee Pension Plan

The amount of your pension benefit payable on 01/01/2014 , your Normal Retirement Date, is $89.76 per month This amount is based on a Life Income form of payment and a birth date of 12/05/48 . 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 Moxford

January 22, 2002

Dear Kmart Retiree or Terminated Vested Participant:

Today, Kmart made a difficult but necessary decision. After reviewing all the possible ways to deal with some tough operational and financial issues, we have filed for a court-supervised reorganization under chapter 11 of the U.S. Bankruptcy Code.

A chapter 11 filing will help us to resolve our financial challenges and make a fresh start. Through the bankruptcy process, Kmart will reorganize its finances and operations to reduce or eliminate our debt. We have secured a $2 billion debtor-in-possession (DIP) financing package arranged by JP Morgan Securities Inc. and Fleet Securities, Inc. to supplement the Company's existing cash flow during the reorganization process.

You probably want to know how this impacts you personally. First and foremost, you should know that ***the filing under chapter 11 does not mean that we are going out of business. We are not.*** And more importantly, this filing will not disrupt your Kmart Retirement Pension Plan benefits. Rather, you will continue to receive (or be eligible to receive if you are a terminated vested participant) your pension benefits.

The Company's qualified pension plan is maintained separately from the Company and is protected under federal law. The plan will continue to operate in the normal manner. Likewise, if you continue to have savings under the Retirement Savings Plan they are maintained in trusts that are separate from the Company, and are also protected by federal law. Shares of Kmart stock held in the plan are, however, subject to the same market conditions as those affecting all common stockholders.

Our goal is to get this chapter 11 process done as smoothly, efficiently, and successfully as possible. We are pursuing this reorganization on a fast track and have targeted emergence from chapter 11 in 2003. You can obtain information about Kmart's progress in the chapter 11 process at www.kmart.com.

If you have any questions, please call our associate hotline at 1-877-638-8856. You can also contact 1-800-33-KMART for specific information about your retirement benefits.

Sincerely,

Charles C. Conaway
Chief Executive Officer