FORM B10 (Official Form 10) 2648740

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):

09 3449115

BILLUE, MARY
11090 SE FEDERAL HWY 8
HOBE SOUND, FL 33455

☐ 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 # 561-546-4865

11722916

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 #[redacted]
Unpaid co[redacted]
from _____ to _____
(date) (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.

This Space is for Court Use Only

8551 BM

RECEIVED
TRUMBULL SERVICES COMPANY
2002 APR 19 AM 11:
4/19/02
BKMCY

Date: 4/12/02

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):

Mary Billue

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 creditors social security number

TRUMBULL SERVICES, LLC

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NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

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Chapter 11

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

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If address differs from above, please complete the following:

Creditor Name

Telephone # 561-546-4865

Address

City/St/Zip.

11722916

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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 _____

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 # 317-28-6015
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)(__)

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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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8551 SM

RECEIVED
TRUMBULL SERVICES COMPANY
2002 APR 19 AM 11:
BANKRUPTCY
4/19/02

Date 4/12/02

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):

Mary Billue

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

Form 1099-R ☐ CORRECTED (if checked) OMB No 1545-0119 **2001**

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

1 Gross distribution	2a Taxable amount	2b Taxable amount not determined	Total distribution
$ 978.60	$ 978.60		

PAYER'S name, street address, city, state, and ZIP code

KMART CORPORATION EMPLOYEE PENSION PLAN
3270 W BIG BEAVER RD
SUITE 425
TROY, MI 48084-2901

PAYER'S Federal identification number	RECIPIENT'S identification number
38-0729500	317-28-6015

3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contributions or insurance premiums
$ 0.00	$ 0.00	$ 0.00

6 Net unrealized appreciation in employer's securities	7 Distribution code	IRA/SEP/SIMPLE	8 Other
$ 0.00	7	☐	$ %

9a Your percentage of total distribution	9b Total employee contributions
%	$ 0.00

RECIPIENT'S name and street address (including apt no) city, state, ZIP code

MARY F BILLUE
11090 SE FEDERAL HWY 8
HOBE SOUND, FL 33455

FX1748

Account number (optional)	10 State tax withheld
100002	$ 0.00
11 State/Payer's state no	12 State distribution
FL 380729500	$ 978.60
13 Local tax withheld	14 Name of locality / 15 Local distribution
$	$

File this copy with your state, city, or local income tax return, when required.

Department of the Treasury
Internal Revenue Service

Form 1099-R ☐ CORRECTED (if checked) OMB No 1545-0119 **2001**

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

1 Gross distribution	2a Taxable amount	2b Taxable amount not determined	Total distribution
$ 978.60	$ 978.60		

PAYER'S name, street address, city, state, and ZIP code

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3270 W BIG BEAVER RD
SUITE 425
TROY, MI 48084-2901

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9a Your percentage of total distribution	9b Total employee contributions
%	$ 0.00

RECIPIENT'S name and street address (including apt no) city, state, ZIP code

MARY F BILLUE
11090 SE FEDERAL HWY 8
HOBE SOUND, FL 33455

FX1748

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Department of the Treasury
Internal Revenue Service

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9a Your percentage of total distribution	9b Total employee contributions
%	$ 0.00

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MARY F BILLUE
11090 SE FEDERAL HWY 8
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FX1748

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Copy C For Recipient's Record

Department of the Treasury
Internal Revenue Service

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$ 0.00	7	☐	$ %

9a Your percentage of total distribution	9b Total employee contributions
%	$ 0.00

RECIPIENT'S name and street address (including apt no) city, state, ZIP code

MARY F BILLUE
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Copy B

If this form shows Federal income tax withheld in box 4, attach this copy to your Federal

Department of the Treasury
Internal Revenue Service

217

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 313 637 4891

September 14, 1993

MS MARY F BILLUE
11090 SE FEDERAL HWY 8
HOBE SOUND FL 33455

Dear Ms. Billue,

Enclosed is your first retirement check from the Kmart Corporation Employee Pension Plan in the amount of $326.20. This check represents the first four monthly payments due you. Beginning on October 1, 1993, your monthly checks will be in the amount of $81.55.

Your pension is being paid to you under the Life Income form of payment, providing a pension to you for your lifetime only. Your monthly benefits will stop when you die. Enclosed is a copy of your Election of Form of Pension Payment.

Your check should arrive by the first of each month, but occasionally a check may be lost or misdirected in mailing. Please wait until at least the 7th of the month to call or write this office concerning a lost check. If you prefer to write, please include a telephone number where you can be reached. We will then take the necessary steps to replace your check. It is very important that you notify both this office and your local Post Office if your address changes.

On behalf of Kmart Corporation, may I extend our very best wishes and deep appreciation for your years of loyalty and good service to our Company.

If you have any questions, please write this office or call (313) 643-1718.

Sincerely,

Don Morford/cls

cls
enclosures