

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

PROOF OF CLAIM
Chapter 11

In Re: **Karr Corporation, et al.**

Case Numbers **02-02462** through
02-02493

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

Case Number:

Your claim is scheduled as follows

Class
NOT SCHEDULED

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. The payment of an administrative expense may be made pursuant to 11 U.S.C. § 507(c).

Amount

NOT SCHEDULED

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

09 3462027

HEMRICH, LYDIA
106 EDGEWOOD AVE
EFFINGHAM, IL 62401

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.

11735828

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

Check here if 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 _____ 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)()

XXEmployee Pension Plan

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

MAS Folder #
4/19/02 8761

Date
4-10-02

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)
Lydia F. Hemrich Lydia Hemrich

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 creditor's social security number.

TRUMBULL SERVICES, LLC

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:
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A trustee for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		Your claim is scheduled as follows
Name of Creditor (The person or other entity to whom the debtor owes money or property)		Class
09 3462027 HEMRICH, LYDIA 106 EDGEWOOD AVE EFFINGHAM, IL 62401		NOT SCHEDULED
If address differs from above, please complete the following:		Amount
Creditor Name	Telephone #	NOT SCHEDULED
Address		11735828
City/ST/Zip		This Space is for Court Use Only
Account or other number by which creditor identifies debtor	Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated	
1 Basis for Claim	6. Unsecured Priority Claim.	
<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Retroe benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # <u>322-20 9922</u> Unpaid compensation for services performed 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 <input type="checkbox"/> 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. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____	<input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)(_) XXEmployee Pension Plan	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		This Space is for Court Use Only
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		
Date 4-10-02	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) <i>Lydia F. Hemrich</i> Lydia Hemrich	

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4/19/02 8761