

**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**

Your claim is scheduled as follows:

**Name of Debtor:** (see attached for complete list of debtors) **Case Number:**  
**Kmart Corporation** **02-02474**

**Class**  
UNSECURED NON PRIORITY

**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.

**Amount**  
CONTINGENT, DISPUTED, UNLIQUIDATED

**Name of Creditor** (The person or other entity to whom the debtor owes money or property):  
  
11 2378774  
  
RHODES, CAROLYN  
1304 ROSEBERRY CIR #201  
CHARLESTON, WV 25311

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.

10086217  
This Space is for Court Use Only

**If address differs from above, please complete the following:**  
**Creditor Name:** - MOVED -  
**Address:** P.O. BOX 12206  
**City/ST/Zip:** Charleston WV 25302

**Telephone: #**  
304-343-5115

**Account or other number by which creditor identifies debtor:**

Check here if  replaces this claim  amends a previously filed claim, dated \_\_\_\_\_

**1. Basis for Claim**  
 Goods sold  
 Services performed  
 Money loaned  
 Personal injury/wrongful death  
 Taxes  
 Other **car damage 08-10-01**

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:**  
AUG: 10, 2001

**3. If court judgment, date obtained:**  
N/A

**4. Total Amount of Claim at Time Case Filed:** \$ 340.00  
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. **N/A**

**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: \$ **340.00 (claim)**  
**cost too fix car.**  
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ **N/A**

**6. Unsecured Priority Claim.**  
 Check this box if you have an unsecured priority claim. Amount entitled to priority \$ ~~340.00~~ **NO**  
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  
**RECEIVED TRUMBULL SERVICES COMPANY**  
APR 19 2002  
4-19-02

**Date** 04-08-02 **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):** **NO - P-O-A**  
**Carolyn Sue Rhodes Carolyn Sue Rhodes (owner)**

**BANKRUPTCY**  
#0009 CK

*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

12/31/2013  
12/31/2013  
12/31/2013  
12/31/2013  
12/31/2013

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

Your claim is scheduled as follows:

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

Case Number:

Class

Kmart Corporation

02-02474

UNSECURED NON PRIORITY

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.

Amount

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

*[Handwritten signature]*

- 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.

CONTINGENT, DISPUTED, UNLIQUIDATED

RHODES, CAROLYN  
1304 ROSEBERRY CIR #201  
CHARLESTON, WV 25311

11 2378774

10086217

This Space is for Court Use Only

If address differs from above, please complete the following:

Creditor Name: - MOVED -

Telephone: #

Address: P.O. BOX 12206  
City/ST/Zip: Charleston WV 25302

304-343-5115

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

car damage 08-10-01

- Retiree benefits as defined in 11 U.S.C. §1114(a)
- Wages, salaries, and compensation (fill out below)  
Your SS #: 236-15-5376  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

2. Date debt was incurred:

AUG: 10, 2001

3. If court judgment, date obtained:

N/A

4. Total Amount of Claim at Time Case Filed:

\$ 340.00

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. N/A

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: \$ 340.00 (claim)

cost too fix car.

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ N/A

6. Unsecured Priority Claim

Check this box if you have an unsecured priority claim.

Amount entitled to priority \$ ~~340.00~~ NO

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)( ).

→ C.R. 04-0802

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

RECEIVED  
TRUMBULL SERVICES  
COMPANY

APR 19 2002  
4-19-02  
BANKRUPTCY

Date

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): NO - P.O. - A

04-08-02

Carolyn Sue Rhodes Carolyn Sue Rhodes (Owner)



**Cambridge**  
Integrated Services Group, Inc.

1000 S. 10th St.  
Charleston, WV 25301

Extension #7910

August 14, 2001

Ms. Carolyn Rhodes  
1304 Roseberry Cir. #201  
Charleston, WV 25311

RE: Carolyn Rhodes  
VS: Kmart # 3484 - Elkview, WV  
A/D: 8-9-2001  
FILE#: KT1-WV-01-287194

Dear Ms. Rhodes:

We recently received notice of your incident at the above referenced Kmart store. Cambridge Integrated Services is a third party administrator for Kmart and I have been assigned to investigate this incident.

On behalf of Kmart, I would like to apologize for any inconvenience this incident may have caused you.

We have been unable to contact you by telephone. If you would like to discuss this incident, please feel free to give me a call at (800) 821-0863.

If I do not receive a response from you within sixty (60) days, I will assume that you have no further questions and consequently close my file.

Sincerely,

  
Karen Jones  
Senior Claims Adjuster

KJ/pf

Dictated 08/11/01



**Kmart Customer Incident Center**  
Sedgwick Claims Management Services, Inc.  
P.O. Box 5058, Troy, MI 48007-5058  
Phone: (248) 463-7577  
Fax: (248) 463-6637

March 27, 2002

Carolyn Rhodes  
1304 Roseberry Cir. #201  
Charleston, WV 25311

**RE:           Our Client: Kmart Corporation**  
**Claimant: Carolyn Rhodes**  
**Date of Loss: 08/10/01**  
**Our File Number: 287194**

Dear Claimant,

Sedgwick Claims Management Services, Inc. is the claims administrator for the Kmart Corporation. We are in receipt of your claim relative to the captioned matter. We are currently conducting an investigation in connection with your claim.

Please be advised the Kmart Corporation and its thirty-seven subsidiaries filed a Voluntary Petition, pursuant to Chapter 11 of the Bankruptcy Code, in the United States Bankruptcy Court for the Northern district of Illinois. The matter has been assigned case number 02-B02474 and is pending before Judge Susan Pierson Sonderby. Pursuant to 11 U.S.C. § 362 (a), a stay of creditor actions against the debtor automatically goes into effect with the filing of the bankruptcy petition. The automatic stay provided by section 362 prohibits "the commencement or continuation, including the issuance or employment of process, of a judicial, administrative, or other action or proceeding against the debtor..." Attached please find a copy of the Voluntary Petition.

As a result of that filing, we are precluded from negotiating or settling any claims on behalf of Kmart that arose out of incidents that occurred prior to January 22, 2002 until/unless we are authorized to do so. Such authorization may or may not be extended.

Should you have any questions, or wish to discuss this matter in any way, please do not hesitate to contact the undersigned at your convenience.

Sincerely,

*Eileen Young*

Eileen Young  
Claims Examiner I

340.00

# VOLUNTARY PETITION

United States Bankruptcy Court  
Northern District of Illinois

PETITION

Name of Debtor (if individual, enter Last, First, Middle): <b>KMART CORPORATION</b>	Name of Joint Debtor (Spouse) (Last, First, Middle): _____
All Other Names used by Debtor in the last 6 years (include married, maiden, and trade names): _____	All Other Names used by Joint Debtor in the last 6 years (include married, maiden, and trade names): _____
Sec. Sec./Tax I.D. No. (if more than one, state all): <b>38-0729500</b>	Sec. Sec./Tax I.D. No. (if more than one, state all): _____
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>3100 West Big Beaver Road Troy, MI 48064</b>	Street Address of Debtor (No. & Street, City, State & Zip Code): _____
County of Residence or of the Principal Place of Business: <b>Oakland</b>	County of Residence or of the Principal Place of Business: _____
Mailing Address of Debtor (if different from street address): _____	Mailing Address of Joint Debtor (if different from street address): _____
Location of Principal Assets of Business Debtor (if different from addresses listed above): _____	

**VENUE AND JURISDICTION**

Venue (Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Type of Debtor (Check all boxes that apply) <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Chapter or Section of Bankruptcy Code Under Which the Petition Is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304-Case ancillary to foreign proceeding
Nature of Debts (Check one box) <input type="checkbox"/> Consumer/Non-Business <input checked="" type="checkbox"/> Business	Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.

Chapter 11 Small Business (Check all boxes that apply)

Debtor is a small business as defined in 11 U.S.C. § 101.

Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e). (optional)

THIS SPACE IS FOR COURT USE ONLY

Statistical/Administrative Information (Estimates only)

Debtor estimates that funds will be available for distribution to unsecured creditors.

Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors	1-15	16-49	50-99	100-199	200-999	1,000-over
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Estimated Assets	\$0 to \$50,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Estimated Debts	\$0 to \$50,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

U.S. Bankruptcy Court  
 Northern District of Illinois  
 RECEIVED: 01/22/02  
 Time: 8:02 a.m.  
 Debtor: KMART CORPORATION  
 Case #: 02-02474  
 Chapter 11 Recl# 324660  
 Judge Susan Pierson Sonderby



**VOLUNTARY PETITION**

*(This page must be completed and filed in every case)*

Name of Debtor(s):  
**KMART CORPORATION**

Location  
Filed: None

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by Any Spouse, Partner, or Affiliate of this Debtor (if more than one, attach additional sheet.)**

Name of Debtor:  
See Annex A  
District:

Case Number:

Date Filed:

Relationship:

Judge:

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

(If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7) I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Charles C. Conway  
Name of Authorized Individual

Chief Executive Officer  
Title of Authorized Individual

January 22, 2002  
Date

Signature of Debtor

Signature of Joint Debtor

Telephone Number (if not represented by attorney)

Date

**Signature of Attorney**

Signature of Attorney for Debtor(s)

Printed Name of Attorney for Debtor(s)

Sheldon, Aron, Stone, Muehler & Fichtel (Illinois)  
Firm Name

333 W. Wacker Drive, Chicago, IL 60606  
Address

(312) 407-9700  
Telephone Number

January 22, 2002  
Date

**EXHIBIT A**

To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11. Exhibit A is attached and made a part of this petition.

**EXHIBIT B**

To be completed if debtor is an individual whose debts are primarily consumer debts. The attorney for the petitioner named in the foregoing petition, declares that I have informed the petitioner that (he or she) may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

Signature of Attorney for Debtor(s)

Date

**Signature of Non-Attorney Petition Preparer**

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Kmart!  
Our File Number:  
287194

**AUTO CLINIC**  
**567 LITTLE SANDY RD.**  
**ELKVIEW W V 25071**  
**965-3727**

NAME *Raymond Hodges*.....

ADDRESS *Rayburn Circle Apt. 1304 201*.....

PHONE.....

VEHICLE *1982 Mercury Magnum 4.2*.....

ID# *2MEBN74F3H8628202*.....

MANAGER. BILL BYERS

ALL WORK PAID IN FULL AT DELIVERY

*Rt. rear door & ea rear wheel*

*Molding*

*Stripe*

*Paint Labor: Mot*

*\$ 340.<sup>00</sup>*