

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

NOT SCHEDULED

**KMART CORPORATION**

**02-02474**

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):

- 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.

09 3449347

BLAND, EVA  
1805 IDLEWILD AVE  
GREEN COVE SPGS, FL 32043

11723148

If address differs from above, please complete the following:

Telephone: # **904 284-3504**

This Space is for Court Use Only

Creditor Name:

Address:

City/St/Zip:

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

Account or other number by which creditor identifies debtor:

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)\_\_\_\_\_  
**Retiree Benefits § 1114 (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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9262  
TRUMBULL SERVICES  
2002 APR 19 PM 1:30  
BANKRUPTCY

Date

4-8-02

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):

**Eva M. Bland EVAM. BLAND**

4/19/02



® EVA M BLAND

473-24-4941



# Kmart Corporation

**IF YOUR PENSION CHECK IS LOST:** Please do not call to report a missing pension check until at least the 7th of the month. Report a lost check on or after the 7th by calling 1-800-33KMART.

**ADDRESS CHANGE:** See other side. Please use the Address Change portion of your check if your address changes. In general, an address change must reach our office by the 15th of the month to be changed for your next check.



## Kmart Corporation

F1668

Payee  
EVA M BLAND

Soc. Sec. No.  
473-24-4941

Check Date  
03/01/02

Check No.  
0006278821

Payment For Month of	Gross Amount	Federal Deduction	State Deduction	Total Deduction	Net Payment
03/01/02	127.05	0.00	0.00	0.00	127.05

Withholding Exemptions Claimed  
 Federal 000 SINGLE  
 State 000

PENSION BENEFIT PAYMENT  
 EVA M BLAND  
 1805 IDLEWILD AVE  
 GREEN COVE SPGS, FL 32043

DETACH CHECK ALONG PERFORATION

NON-NEGOTIABLE  
 THIS SECTION IS NOT A CHECK