FORM B10 (Official Form 10) 2856535

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 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 3456910

ENRIGHT, ELIZABETH
2103 DAVID CT
MT DORA, FL 32757

☐ 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.

Your claim is scheduled as follows:

Class

NOT SCHEDULED

Amount

NOT SCHEDULED

If address differs from above, please complete the following:
Creditor Name:
Address:
City/St/Zip:
Telephone: # (352) 383-3994

11730711

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 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 $ 169.08 monthly
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 - 11 U.S.C. §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.

This Space is for Court Use Only

RECEIVED
TRUMBULL SERVICES COMPANY
4/24/02 AL
APR 24 2002
10574
BANKRUPTCY

Date: 4/20/02

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):

Elizabeth Enright

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 creditor's social security number.

TRUMBULL SERVICES, LLC

2856535

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Case Number:

Your claim is scheduled as follows:

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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):

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ENRIGHT, ELIZABETH
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If address differs from above, please complete the following:
Creditor Name:
Address:
City/St/Zip:
Telephone: # (352) 383-3994

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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 #: 094-24-3297
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 $ 169.08 monthly
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: 11 U.S.C. §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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RECEIVED
TRUMBULL SERVICES COMPANY
4/24/02 AK
APR 24 2002
10574
BANKRUPTCY

Date 4/20/02

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):
Elizabeth Enright

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.

ELIZABETH ENRIGHT 094-24-3297

Kmart Corporation

PENSION ADVICES: Beginning with your January 1, 2001 pension payment, if your check is mailed directly to your financial institution, you will receive a pension notice. **PLEASE NOTE THIS IS NOT A CHECK AND CANNOT BE CASHED OR DEPOSITED.**

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. 0000005474

Kmart Corporation

Payee	Soc. Sec. No.	Advice Date	Advice No.
ELIZABETH ENRIGHT	094-24-3297	03/01/01	0000016887

Payment For Month of	Gross Amount	Federal Deduction	State Deduction	Total Deduction	Net Payment
03/01/01	169.08	0.00	0.00	0.00	169.08

PENSION BENEFIT PAYMENT

ELIZABETH ENRIGHT
2103 DAVID CT
MT DORA, FL 32757

Withholding Exemptions Claimed

Federal 002 Married, Joint
State 000

FX1739

NOT NEGOTIABLE

Kmart Corporation

NON-NEGOTIABLE

0000016887

NOTICE OF DEPOSIT

ACC'T NUMBER 30 104 255

DATE
03/01/01

THIS IS NOT A CHECK

PENSION BENEFIT PAYMENT

AMOUNT
********169.08

DEPOSITED TO THE ACCOUNT OF

ELIZABETH ENRIGHT
2103 DAVID CT
MT DORA, FL 32757