

IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re:

KMART CORPORATION,

Debtor.

Case No. 02 B 02474

Honorable Susan Pierson Sonderby

Chapter 11

Notice to:

You filed a claim in the Kmart Corporation bankruptcy case for a personal injury. In order for your claim to be processed, you must complete and submit to Kmart at the address shown below the attached "Questionnaire" in which you provide information on your alleged injuries and the damages you claim. Upon receiving the completed Questionnaire, Kmart may make an offer to settle your claim. If you submit the Questionnaire and your claim is not settled, you will have the right to request from the Bankruptcy Court permission to pursue your claim in the appropriate local court (although your right to collect any judgment will remain subject to Kmart's Plan of Reorganization). If you do not submit the Questionnaire within 30 days of the date of this notice, by September 22, 2008, Kmart will ask at a hearing on September 24, 2008, at 11:00 at 219 S. Dearborn, Courtroom 642, Chicago, Illinois, that the Bankruptcy Court enter an order that disallows your claim.

Dated: August 22, 2008

Please send questionnaires to:

Mark Hobson
Manager, Risk Management
Sears Holdings Corporation
3333 Beverly Road, E3-227B
Hoffman Estates, IL 60179

KMART CORPORATION
William J. Barrett
Barack Ferrazzano Kirschbaum & Nagelberg LLP
200 West Madison, Suite 3900
Chicago, IL 60606
Phone: 312-629-5170
Email: william.barrett@bfkn.com



UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

QUESTIONNAIRE FOR PERSONAL INJURY CLAIMANTS

Name and Address of Claimant:

In re:

Kmart Corporation, et al.
Case No. 02 B 02474 (SPS)
Chapter 11

Name

Address

City

State/Zip Country

Phone Number

PART A — NOTICE

Purpose of this Notice

According to court records, you previously filed a proof of claim in the above-referenced cases. In order to provide information on your claim, you must complete this Questionnaire and mail it, postage prepaid, to

Mark Hobson, Manager, Risk Management, Sears Holdings Corporation,
3333 Beverly Rd., E3-227B, Hoffman Estates, IL 60179

Action Required by You

1. If you do *not* wish to pursue any claim you may have, disregard this notice and do not return it.
2. If you wish to pursue any claim you may have against Kmart arising from or relating to any medical services rendered to you or someone by or through whom you claim damages, you must:

- (a) fully complete this Questionnaire, and

(b) return the completed Questionnaire in the enclosed reply envelope. (Note: You must affix proper postage.) The reply must be delivered no later than

September 22, 2008

PART B — CLAIM INFORMATION

1. Give your date of birth: _____ 2. Date of injury: _____

3. Where did the injury occur? _____

Please specify the location and address

4. Are you pursuing this claim against any other party? Yes No
If so, against whom (list the name, the addresses and counsel for each party, if known)?

(Attach additional sheets if necessary)

5. Did you notify the Debtor in writing of the injury? (If yes, attach a copy of such writing.)
Yes No

6. Is there a pending lawsuit regarding your claim? If so, identify the court where the lawsuit is pending, the case number and the judge, if known.

.....

7. What type of injuries do you have? Provide a medical description of your injuries.
(Please state if the claim is based, in whole or in part, on an injury to someone else.)

8. How did the injury occur?

9. Did you miss any work as a result of your injury? If so, how many days?

10. Give the name and address of your employer and your salary at the time of your injury.

11. Was anyone else injured at the time of your injury? (If yes, list the names and addresses.)

12. List the names, addresses and phone numbers of all witnesses and people with relevant knowledge of your claim (including, but not limited to, any representatives or agents of Kmart).

13. Are treatments still being given for the injury? Yes No
(If yes, provide the name and address of the doctor that is currently treating you and the nature of the treatment.)

14. Physician Data

- a. Give the name and address of any physician, clinic or hospitals that have treated this injury. Include treatment dates. (Attach additional sheets if necessary)
- b. Itemize all damages you claim, including any damages for emotional distress, loss of consortium or pain and suffering.
- c. Give the total amount of the medical bills you incurred as a result of suffering your injury.
- d. Attach medical and hospital records which relate to your claim.
- e. Itemize any other expenses you incurred as a result of the incident for which you are making a claim.
- f. Give a list of medical expenses and amounts paid by your insurance company as a result of your injury.
- g. Give the name, address and policy number of your insurance company.

15. In what amount would you agree to settle your claim?

PART C — SIGNATURE

NOTICE: UNDER FEDERAL LAW, CRIMINAL PENALTIES MAY BE IMPOSED FOR FILING A CLAIM CONTAINING FALSE OR MISLEADING STATEMENTS.

I declare under penalty of perjury that the foregoing statements are correct.

DATE: _____

Claimant's Signature

Please reread each of your answers to be sure that you have completed this form fully and accurately.

NAME AND ADDRESS OF ATTORNEY OR OTHER AUTHORIZED AGENT

Complete the items below if you have an attorney or other agent who represents you in this matter. If completed, all future notices will go to your attorney or agent rather than to you personally.

Name (First/Middle/Last)

Address

City/State/Zip

Country

Relationship to Claimant

Phone Number



IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re:

KMART CORPORATION,

Debtor.

Case No. 02 B 02474

Honorable Susan Pierson Sonderby

Hearing Date: August 20, 2008

Hearing Time: 11:00 a.m.

**ORDER GRANTING KMART'S THIRD MOTION TO DISALLOW CLAIMS WHERE
CLAIMANT HAS NOT COMPLIED WITH PERSONAL INJURY SETTLEMENT
PROCEDURES (DOCKET NO. 31635)**

Kmart Corporation ("Kmart") having filed its Third Motion to Disallow Claims Where Claimant has not Complied with Personal Injury Settlement Procedures (the "Motion"), and the Court having conducted a hearing on the motion,

IT IS HEREBY ORDERED that Kmart shall serve the notice attached as Exhibit C to its Motion (the "Notice"), *and the Questionnaire for Personal Injury Claimants*, as well as a copy of this order, to the parties appearing on Exhibit A;

IT IS FURTHER ORDERED that this matter is continued to the next omnibus hearing on September 24, 2008 at 11:00 a.m. in Courtroom 642 at which hearing the claims of any Claimant that has not submitted a completed questionnaire in accordance with the Notice may be disallowed.

Dated: August 20, 2008

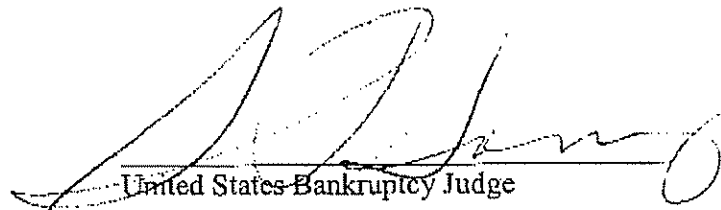

United States Bankruptcy Judge

EXHIBIT A

<u>Claim Number</u>	<u>Claimant's Name</u>
51399	BLAGMON, DARIUS
57150	CHYNNA WADE
45811	BRYANT, MANFORD
51697	CORNELISON, TERRESA
53043	CRUZ FIGUEROA, MARIANGELI (MINOR)
34329	DESTR, ROLIN
53443	FERRIS, LINDA
51423	GAINES, DOROTHY M.
56586	HOWARD, CELENA
54690	HUGHES, SHERIDA
57161	STATON JAMES, C.
56221	LADSON, AVE MARIA M.
50021	PERRY, DOROTHY
55241	PIEDRA, RICHARD
46810	ROGER, JUDITH
52018	SNYDER, MONICA
34973	SPICER, JEREE (MINOR)
53248	STUBBLEFIELD, NICHOLAS L. (MINOR)
56239	THOMPSON, MANDOLA
57226	MALDONADO, FERNANDO ARROYO
56098	BOSCO, COLE
57246	ROHAN RAMLACKHAN
46126	WOODSIDE, PANDORA VESTELLA
57917	COY-GRANT, JACQUELINE
29022	BELLO, GERALD
29021	BELLO, DOROTHY
29453	CANTRELL, NANCY
57874	RIVKIN, MICHAEL AND BELLA
29495	EMERY, CAMDEN
57561	GOOKINS, BEVERLY