

**PROOF OF CLAIM**

THIS SPACE IS FOR COURT USE ONLY

In re **LOBELL-EMERY CORPORATION**

Case Number **04-74386**

NOTE See Reverse for List of Debtors and Case Numbers

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

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 this address differs from the address on the envelope sent to you by the court

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

**Name of Creditor and Address**

Thomas Chapko  
8287 S Jerome Rd  
Perinton, MI 48871-9711

08111833003981

Creditor Telephone Number **(889) 838-2251**

Creditor Federal Tax ID

**369-36-2385**

Account Or Other Number By Which Creditor Identifies Debtor

**04-74386**

Check here  replaces or  amends a previously filed claim dated \_\_\_\_\_

**1 BASIS FOR CLAIM**

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly)
- Retiree benefits as defined in 11 U S C § 1114(a)
- Wages salaries and compensation (Fill out below)

Last four digits of SS # \_\_\_\_\_

Unpaid compensation for services performed from **10-30-1954** to **12-19-1996**  
(date) (date)

**PRMED 10452 FACTORY MEDICAR**

**2 DATE DEBT WAS INCURRED**

**12-19-1996**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED**

\$ \_\_\_\_\_ (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ \_\_\_\_\_ (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below **\$50 PER MONTH FOR 35 YEARS**

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 charge

**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 \$ \_\_\_\_\_

**7 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 \$4 925)\* 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) **Blue Cross Blue Shield**  
**PRESCRIPTION DRUGS UNKNOWN AMOUNT**

Up to \$2 225\* 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) (\_\_\_\_) **LIFE INSURANCE UNKNOWN AMOUNT**  
Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

**8 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

**9 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

**10 DATE-STAMPED COPY** To receive an acknowledgment of your claim, please enclose a self-addressed, stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, on January 18, 2005 for Non-Government Claimants OR on or before April 7, 2005 for Governmental Units

BY MAIL TO  
Oxford Automotive Inc  
c/o BMC Group  
PO Box 977  
El Segundo CA 90245-0977

BY HAND OR OVERNIGHT DELIVERY TO

Oxford Automotive Inc  
c/o BMC Group  
1330 East Franklin Ave  
El Segundo CA 90245

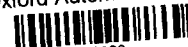
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**FILED**

**JAN 10 2005**

**BMC**

Oxford Automotive Inc



00222

DATE SIGNED

**1-6-05**

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)

**Thomas Chapko THOMAS CHAPKO**

2077

THOMAS CHAPKO

**OXFORD AUTOMOTIVE**

12/10/04

INVOICE NO	INV DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
PRMED10412	12/01/04	FACTORY MEDICAR	50 00	0 00	50 00
<b>CHECK NUMBER</b>	21039	<b>TOTALS</b>	50 00	0 00	50 00