

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

PROOF OF CLAIM



In re
Oxford Automotive, Inc

Case Number
04-74377

Schedule/Claim ID **s3235**
Amount/Classification
Priority Unliquidated

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 and Address
 08111832008401
SMITH DONALD
7695 W RANGE LINE RD
GREENCASTLE IN 46135-8333

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.

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.
If the amounts shown above are listed as Contingent, Unliquidated or Disputed, you must file a proof of claim.
If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number **765 - 653 - 2123**
Creditor Federal Tax ID
306-66-5932

Account Or Other Number By Which Creditor Identifies Debtor

Check here replaces or amends a previously filed claim dated _____ if this claim

1 BASIS FOR CLAIM
 Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Services performed Taxes Wages, salaries, and compensation (Fill out below)
 Money loaned Other (describe briefly) _____
 Last four digits of 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 \$ _____ (unsecured) \$ _____ (secured) **\$ See Attached \$** (unsecured priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete item 5 or 7 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.

6 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)
 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) (____).
* 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.

6 UNSECURED NONPRIORITY CLAIM \$ _____
 Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.

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

THIS SPACE FOR COURT USE ONLY
FILED
JAN 10 2005
BMC

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):
Donald R Smith Donald R Smith

Oxford Automotive, Inc
 00244

7695 W Rangelua Rd
Greencastle, IN 46135
01/06/05

U.S. Bankruptcy Court
Eastern District of Michigan
Southern Division

re: Oxford Automotive, Inc
case # 04-74377 (04-74386)
claim ID 53235 Donald R Smith

Sur:

Attached is a copy of our contract with Oxford Auto concerning our pension plan - retirement benefits with insurance at age of retirement. I have worked at Oxford for 27yrs and am entitled to such benefits at age 62-65. There is also a Disability Retirement plan of 15yrs of service or more

I'm an employee not a bondholder. I took less money on the hour to receive this pension plan with insurance for 27yrs.

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Oxford Auto, Inc

Case # 04-74377 (04-74386)

Claim ID S3235 Donald R Smith

I believed this was a secured plan and should be completely satisfied prior to the bondholders who knowingly invest monies taking risks. An employee works hard just to get by and to help secure their financial well-being for the future

Sincerely,
Donald R Smith
Donald R Smith

See attached contract
Article XIV - Reasons
Page 52 - 54

ment Income Plan which became effective March 1, 1977 will include the following benefits

(a) Normal retirement at age 65 with the following amount paid for each year of Credited Service

March 1, 2004 \$19 00

March 1, 2005 \$19 50

March 1, 2006 \$20 00

(b) Effective October 1, 1990 Unreduced early retirement will be available at age sixty-two (62) if an employee has at least fifteen (15) years of credited service

(c) Vested Rights - Any employee terminating employment, October 1, 1989 or after, for any reason, with at least five (5) years of Credited Service, shall be entitled to vested rights

(d) Disability Benefit - Fifteen (15) years of more of Credited Service will be required for eligibility for a disability pension

(e) An employee's credited service is equal to their seniority, if any, as of October 1, 1976 to the nearest 1/12th year

(f) Effective March 1, 1993, the same medical plan available to active employees will be available to normal, early and disability retirees who have at least fifteen (15) years of credited service For those retirees, the Company will pay up to ninety-two and one half percent (92 5%) of the premium and the retiree will pay seven and one half percent (7 5%) of the premium

Employees hired after March 1, 1996, and who subsequently retire, as noted above, the Company will pay up to forty-five percent (45%) of the premium and the retiree will pay fifty-five percent (55%) of the premium For each additional year of credited service over fifteen (15) the retiree will pay three percent (3%) less, see the following table

ARTICLE XIV - PENSIONS

The Company Hourly Rated Employees Retire-

Years of Service	Percent of Premium Retiree Pays	Years of Service	Percent of Premium Retiree Pays
30 or more	10%	22	34%
29	13%	21	37%
28	16%	20	40%
27	19%	19	43%
26	22%	18	46%
25	25%	17	49%
24	28%	16	52%
23	31%	15	55%

ARTICLE XV GENERAL