

PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY

In re **Oxford Automotive, Inc**

Case Number
04-74377

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

Name of Creditor and Address



Vukic, Lazar
8920 Ozark Ave
Morton Grove, IL 60053-1866

08111833002882

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

Creditor Telephone Number ()

Creditor Federal Tax ID

Account Or Other Number By Which Creditor Identifies Debtor

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 _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

5/2/00 - 2/15/2000

3 IF COURT JUDGMENT, DATE OBTAINED

N/A

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

\$ 0 (unsecured) \$ 0 (secured) \$ 526.50/PER MONTH (unsecured/priority) \$ 526.50 PER MONTH (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 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 \$ _____

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

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

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

FILED

JAN 12 2005

BMC

Oxford Automotive Inc



00298

DATE SIGNED

18-05

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)

Lazar Vukic

**THE RETIREMENT PROGRAM OF FARLEY INC.
(For Tool & Engineering Hourly Employees)**

DEFERRED VESTED PENSION STATEMENT FOR

Lazar Vukic
8920 North Ozark
Morton Grove, IL 60053

Although your employment relationship with Farley Inc has terminated, you retain valuable pension rights under the Retirement Plan. Our records indicate that

Your Social Security No is 359-60-9415

Spouse is Milka Vukic

Spouse's Social Security No 351-64-0108

Spouse's Date of Birth is 02/19/1953

Date of Birth is 04/24/1948

Employment Commenced on 05/02/1977

Normal Retirement Date is 05/01/2013

Employment Terminated on 02/15/2000

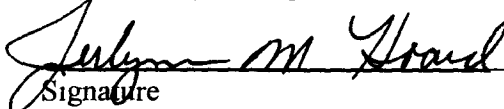
The monthly single life annuity to which you are entitled under the Plan based upon your Benefit Service up to the date of termination of your employment is \$526.50. This amount is payable commencing on your Normal Retirement Date if you are not married at that time.

You can elect to begin receiving your retirement benefit early on the first day of any month within the 5 year period preceding your Normal Retirement Date. If you elect early commencement, your retirement benefit will be reduced by six-tenths of one percent for each month you are under age 65. Our records indicate that you have () have not () elected this option, reducing your Single Life Annuity to \$N/A per month.

If you have been married for at least 31 days when your retirement benefit commences, then UNLESS YOU AND YOUR SPOUSE ELECT OTHERWISE, your retirement benefit will automatically be payable for a reduced amount, and following your death, 50% of that reduced amount will be continued to your surviving spouse. You have () have not () elected another form of payment, but may change your election at any time prior to commencement of your retirement benefit. The amount of your 50% Joint and Survivor benefit described above is \$452.79 per month.

If you die before your retirement benefit commences, your surviving spouse will receive a monthly benefit equal to 50% of the benefit which you would have received commencing on the earliest date on which you could have elected your benefit to commence.

If any portion of your record is incorrect or missing or you have any questions regarding your benefits under the Plan, please write to the Pension Plan Administrator at the address given below. You must apply for your benefit before it can begin. Please contact us approximately three months prior to the date you want your benefits to commence. Since it may be necessary for us to contact you from time to time regarding your status in the Plan, it is **very important** that you keep us informed of any change in your address.


Signature

7-28-2000
Date

Address Inquiries to

Farley Inc
Pension Plan Administrator
2150 Sears Tower
233 S Wacker Drive
Chicago, IL 60606