

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

**PROOF OF CLAIM**

**YOUR CLAIM IS SCHEDULED AS**

In re  
**Oxford Automotive, Inc**

Case Number  
**04-74377**

Schedule/Claim ID s4283  
Amount/Classification  
UNKNOWN Unsecured 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  
 08111832009530  
DUGAN SUSAN  
2044 SHERIDAN AVE NE  
WARREN OH 44483-3544

- 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.

Creditor Telephone Number ( )  
Creditor Federal Tax ID  
Account Or Other Number By Which Creditor Identifies Debtor

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

**THIS SPACE IS FOR COURT USE ONLY**

**1 BASIS FOR CLAIM**  
 Goods sold  
 Services performed  
 Money loaned  
 Personal injury/wrongful death  
 Taxes  
 Other (describe briefly)  
SEVERANCE RETIREMENT  
 BWC 00-324101  
 Retiree benefits as defined in 11 U.S.C. § 1114(a)  
 Wages, salaries and compensation (Fill out below)  
 Last four digits of SS # 3384  
 Unpaid compensation for services performed from 3/96 to 4/03  
 (date) (date)

**2 DATE DEBT WAS INCURRED** \_\_\_\_\_ **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.  
 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 \$ \_\_\_\_\_

**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 13 2005**  
**BMC**

DATE SIGNED: 1/12/05  
 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):  
Susan Dugan

Oxford Automotive, Inc  
  
 00368

TO WHOM IT MAY CONCERN

I AM INQUIRING ABOUT MY ARBITRATION I WAS IN THIRD STEP AND HEARD NO MORE ABOUT MY CLAIM I WAS FIRED FOR NOT SHOWING UP FOR WORK WHEN I HAD CALLED AND ASKED THE HUMAN RESOURCE WORKER IF I COULD COME BACK TO WORK SINCE THEY HAD PUT ME OFF WORK BECAUSE OF MEDICATION I WAS ON DUE TO AN ACCIDENT THAT OCCURED AT THE HOWELL DIVISION JULY 7 2000

I ALSO WOULD LIKE THE INFORMATION ABOUT WHAT YOU HAVE DONE WITH THE MONEY THAT WAS GOING TO OUR PENSION PLAN THE COMPANY WAS STILL INTACT WHEN I WAS TO BECOME FULLY VESTED I SHOULD NOT BE PUNISHED FOR YOUR MISMANAGING OF MONEY

I ALSO HAVE A WORKMAN'S COMPENSENATION CLAIM THAT IS BEING REPRESENTED BY HELLER ELLIOT MAAS AND MCGILL I AM STILL BEING TREATED BY THE DOCTOR AND UNFORTUNALELY PROBABLY ALWAYS HAVE TO DUE TO THE INJURY THAT OCCURRED JULY 7, 2000

ALSO, DUE TO THIS COMPANY'S INHUMAN WORK ETHICS, I HAVE NOT ONLY SUFFERED FROM FINANCIALLY AND PHYSICALLY NOW I HAVE STRESS AND ANIEXTY TRYING TO BATTLE ALL THE PAPER WORK THAT HAS TO BE FILED BECAUSE OF NEGLIGENCE AND CORPORATE GREED

SINCERLY,

  
SUSAN DUGAN

CC

# HOWELL INDUSTRIES INC UNITED STEELWORKERS PENSION BENEFIT PLAN REPORT

SUSAN DUGAN

- Your estimated benefit will be \$570 a month for life, assuming you continue to work at HOWELL INDUSTRIES INC UNITED STEELWORKERS until age 65
- Your estimated benefit will be available on December 1, 2025

Your employer has set up a pension plan that will give you a fixed monthly benefit when you retire. Your pension plan plays a vital role in your retirement planning because

- Your employer funds this pension plan completely
- The plan will give you a dependable source of income when you retire
- This pension benefit, along with Social Security, replaces some of your income. Studies have shown you need 60-80% of your annual pay to maintain your current lifestyle

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## SUMMARY OF BENEFITS ON AUGUST 1, 1999

Accrued Monthly Benefit	\$67.50
Vesting %	0%
Monthly Vested Benefit	\$0.00
Date Fully Vested	August 1, 2000

See the Explanation of Pension Terms on the back.

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## PERSONAL FACTS

Please contact your employer if any of this information changes

Date of Birth	11-10-1960
Date of Employment	03-06-1996
Normal Retirement Date	12-01-2025
Social Security Number	296 64 3384
Annuity Contract Number	4-19049

Principal  
Financial  
Group