

In re **OXFORD AUTOMOTIVE, INC & LOBBELL EMERY CORPORATION, et al**

Case Number
04-74377
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

FILED

2005 JAN 12 P 2 09

**U.S. BANKRUPTCY COURT
E.D. MICHIGAN, N-DTROIT**

Name of Creditor and Address



Edward J Potter
24910 Fairmount Dr
Dearborn, MI 48124-1584

08111833003951

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 **(313) 562-2845**

Creditor Federal Tax ID
362-24-0857

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 _____ to _____
(date) (date)

SEE ATTACHED

2 DATE DEBT WAS INCURRED **ONGOING**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ (unsecured) \$ _____ (secured) \$ **SEE ATTACHED** (unsecured priority) \$ **SEE ATTACHED** (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 \$ _____

7 UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured priority claim

Amount entitled to priority \$ **SEE ATTACHED STATEMENT**

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 \$ **SEE ATTACHED**

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

REC'D JAN 14 2005

DATE SIGNED

1-11-05

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)

Edward J Potter Edward J. Potter

Oxford Automotive Inc

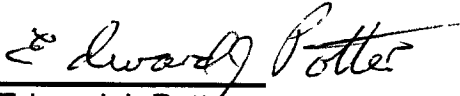


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ATTACHMENT TO PROOF OF CLAIM
OXFORD AUTOMOTIVE, INC
BANKRUPTCY COURT FILE NO 04-74377, CHAPTER 11
LOBDELL EMERY CORPORATION
BANKRUPTCY COURT FILE NO 04-74386, CHAPTER 11
CLAIMANT- EDWARD J POTTER
DATE OF CLAIM-JANUARY 11, 2005

The undersigned Edward J Potter, in good faith, believes that he has inchoate, indeterminable unliquidated claims, both priority and non-priority in the following matters

- 1 Bankruptcy Code Section 507 (a) (4) claim and related code sections arising from contributions to an employee benefit plan Amount indeterminable
- 2 Potential inchoate claim from unfunded and or under-funded retirement and related plan benefits due and unpaid from the above debtor Amount indeterminable
- 3 Other claims that may exist that may be discovered during the pendency of this bankruptcy petition that are due and owing to existing retirees et al


Edward J Potter

1-11-05
Date

