

70 7110 315-812-7301 KRL:VJ 12/20/04

1 of 10

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

PROOF OF CLAIM


YOUR CLAIM IS SCHEDULED AS

In re
Oxford Automotive, Inc & *1080 ZEE EMILY COURT
BT.A*

Case Number
04-74377

Schedule/Claim ID **s2946**
Amount/Classification
Priority Unliquidated
FILED

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
 08111832008114
MOLNER WAYNE
41552 MARY KAY DR
CLINTON TWP MI 48038-1990

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 claims 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 *586 246-2078*
Creditor Federal Tax ID
380-44-7078

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 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 # *7078*
Unpaid compensation for services performed from *SEE* to *ATTACHED* (date) (date)

2. DATE DEBT WAS INCURRED *ON-GOING*

3 IF COURT JUDGMENT, DATE OBTAINED

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

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
1/12/05

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)
Wayne L Molner
WAYNE L MOLNER
ACCOUNT MANAGER

Oxford Automotive Inc
 00448

ATTACHMENT TO PROOF OF CLAIM
OXFORD AUTOMOTIVE, INC
BANKRUPTCY COURT FILE NO 04-74377, CHAPTER 11
CLAIMANT-WAYNE L MOLNER s2946
DATE OF CLAIM-JANUARY 12, 2005

The debtor Oxford Automotive, Inc currently lists the above referenced creditor, Wayne L Molner, as having a priority unliquidated claim as is scheduled by the Debtor

In addition, the undersigned Wayne L Molner, in good faith, believes that he has other 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 Bankruptcy Code Section 507 (a) (3 (A) claims arising from unpaid vacation pay et al
- 3 Potential inchoate claim from unfunded and or under-funded retirement and related plan benefits due and unpaid from the above Debtor Amount indeterminable
- 4 Other claims that may exist that may be discovered during the pendency of this bankruptcy petition that are due and owing to new retirees or existing retirees et al


Wayne L Molner

1/12/05
Date

TRK# 8474 3274 4093

90245

-CA-US

LAX
XH AVXA

FedEx® US Airbill

FedEx Tracking Number
847432744093

1A1883

1 From Date 1/11/05

Sender's Name BCI P W MICHIGAN Phone 482 244 1111

Company L. W. F. L. T. 111

Address 11 W F L T 111

City NORT GAIT State MI ZIP 482 20

2 Your Internal Billing Reference

3 To Recipient's Name L. W. F. L. T. 111 Phone 482 244 1111
Company BMC CORP (NORT GAIT) RECD
5002 T T NW
BMC

1E1883 Recipient's Address 5002 T T NW

1C1883 City State ZIP

Day City State ZIP



4a Express Package Service

FedEx Priority Overnight
 Next business morning

FedEx Standard Overnight
 Next business afternoon

FedEx 2Day
 Second business day*

FedEx Express Saver
 Third business day*

4b Express Freight Service

FedEx 1Day Freight*
 Next business day*

FedEx 2Day Freight
 Second business day*

FedEx 3Day Freight
 Third business day*

5 Packaging

FedEx Envelope*
 FedEx Pak*
 Includes FedEx Small Pak, FedEx Large Pak, and FedEx Surety Pak

FedEx Box
 FedEx Tube
 Other

6 Special Handling

Saturday Delivery Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx Home Delivery, and FedEx First Overnight. Freight to select ZIP codes.

HOLD Saturday at FedEx Location Not available for FedEx First Overnight. Freight to select ZIP codes.

Does this shipment contain dangerous goods?
 No Yes

As per shipping label
 Shipper's Declaration not required

Dry Ice
 Dries 5 UN 185
 Cargo Aircraft Only

7 Payment Bill to

Sender
 Recipient
 Third Party
 Credit Card
 Cash/Check

Total Packages

Total Weight

Total Declared Value*

Total Charges

8 Sign to Authorize Delivery Without a Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims. Questions? Visit our Web site at fedex.com.
Form 1408 (04/03) ©2003 FedEx. PRINTED IN U.S.A. 467

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