

PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY

In re
Oxford Automotive Alabama Inc

Case Number
04-74387-SWR

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.

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.

Name of Creditor and Address

Jefferson County Assistant Tax Collector
PO Box 1190
Bessemer AL 35021-1190

08111833006107

Creditor Telephone Number (205) 481-4131
Creditor Federal Tax ID
Account Or Other Number By Which Creditor Identifies Debtor
43-15-1-0-1 000-RR-04

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

1 BASIS FOR CLAIM

- Goods sold
 - Services performed
 - Money loaned
 - Personal injury/wrongful death
 - Taxes - 2004
 - 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)

2 DATE DEBT WAS INCURRED 10/01/03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED
\$ _____ (unsecured) \$ _____ (secured) \$ 2,159.88 (unsecured priority) \$ 2,159.88 (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 \$ 2,159.88
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

FILED

JAN 18 2005

BMC

Oxford Automotive Inc



00580

DATE SIGNED

1/10/05

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)

By Archer Lunn Jefferson County Asst Tax Collector

J T SMALLWOOD TAX COLLECTOR
GROVER DUNN, ASST TAX COLLECTOR
P O BOX 1190 - BESSEMER, ALABAMA 35021-1190
PHONE 205-481-4131

TAX INQUIRY FOR TAX YEAR 2004	MARKET VALUE	324000
DATE 01/08/05	ASSESSED VALUE	64800
UNIT NBR 50-7575-6	TOTAL H/E	00
PARCEL 43-15-1-0-1 000-RR-04	TOTAL NET TAX	2144 88
FILE NBR 48781	FOREST/LIENS	00
CLASS 2	STORM WATER	15 00
	FIRE DUES	00
	FEES/INTEREST	00
OXFORD AUTOMOTIVE ALA INC	TOT AMT DUE	2159 88
850 STEPHENSON HWY	AMOUNT PAID	00
TROY MI 48083-1152	DATE PAID	00/00/00

POB NE COR OF NE1/4 OF SEC 15	PROCESS DATE	00/00/00
TWSO 20S R 5W TH S 410 FT TO	BATCH NBR	TELLER
PT ON NW BDRY OF SOUTHERN R/W	BALANCE DUE	2159 88
SITE 7022 OLD TUSCALOOSA HWY		
ORIG		
AMM		

MORTGAGE NBR	COMPANY	000000
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