

PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY

In re Oxford Automotive Alabama Inc	Case Number 04-74387-SWR
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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

Name of Creditor and Address

08111833006107

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

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

Creditor Telephone Number () 205-481-4131

Creditor Federal Tax ID _____ Account Or Other Number By Which Creditor Identifies Debtor
90-37-508881 000-PP

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

1 BASIS FOR CLAIM

Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U.S.C. § 1114(a)

Services performed Taxes - 2004 Wages, salaries, and compensation (Fill out below)

Money loaned Other (describe briefly) _____

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)	\$ 215 43 (unsecured priority)	\$ 215 43 (Total)
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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 \$ 215 43

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 USE ONLY

FILED

JAN 18 2005

BMC

Oxford Automotive Inc



00582

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 Jefferson County Asst Tax Collector

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

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	0
UNIT NBR	50-0	DATE 01/08/05	ASSESSED VALUE 4300
PARCEL	90-37-508881 000-PP		TOTAL H/E 00
FILE NBR	301029		TOTAL NET TAX 215 43
CLASS	2		FOREST/LIENS 00
			STORM WATER 00
			FIRE DUES 00
			FEES/INTEREST 00
OXFORD AUTOMOTIVE ALABAMA INC			TOT AMT DUE 215 43
850 STEPHENSON HWY STE 600			AMOUNT PAID 00
TROY MI	48083-1127		DATE PAID 00/00/00

OXFORD AUTOMOTIVE

007000 JEFFERSON MET PK
SITE NO SITE ADDR GIVEN
ORIG PP ATTACHED
AMM

PROCESS DATE 00/00/00
BATCH NBR TELLER
BALANCE DUE 215 43

MORTGAGE NBR



COMPANY

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