

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:

08111833006107
Jefferson County Assistant Tax Collector
PO Box 1190
Bessemer AL 35021-1190

Creditor Telephone Number () 205-481-4131

Creditor Federal Tax ID

Account Or Other Number By Which Creditor Identifies Debtor
43-11-3-0-1 004-RR

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 - 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 \$ _____ \$ _____ \$ 839 19 \$ 839 19
 (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 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 \$ 839 19

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

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FILED
JAN 18 2005
BMC

Oxford Automotive Inc

00583

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 Sunn 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	124500
DATE 01/08/05	ASSESSED VALUE	24900
UNIT NBR 50-7433-9	TOTAL H/E	00
PARCEL 43-11-3-0-1 004-RR	TOTAL NET TAX	824 19
FILE NBR 48783	FOREST/LIENS	00
CLASS 2	STORM WATER	15 00

OXFORD AUTOMOTIVE ALABAMA INC
850 STEPHENSON HWY
TROY MI 48083-1152

FIRE DUES	00
FEES/INTEREST	00
TOT AMT DUE	839 19
AMOUNT PAID	00
DATE PAID	00/00/00

POB SW COR OF SW1/4 OF SEC 11
TWSP 20S R 5W TH E 294 7 FT TO
PT ON NW R/W CSX RAILROAD TH
SITE 7000 JEFFERSON METROPOLITAN PKWY
ORIG PP ATTACHED
AMM

PROCESS DATE	00/00/00
BATCH NBR	TELLER
BALANCE DUE	839 19

MORTGAGE NBR



COMPANY

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