

PROOF OF CLAIM

YOUR CLAIM IS SCHEDULED AS

In re
Oxford Automotive, Inc

Case Number
04-74377

Schedule/Claim ID **s5797**
Amount/Classification
UNKNOWN Unsecured Unliquidated

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.

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 claim 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**

Name of Creditor and Address
08111832011044
KEYS TIMOTHY / Joy Keys
6195 W CO RD 300 S
FARMLAND IN 47340

Creditor Telephone Number **(765) 584-1199**

Creditor Federal Tax ID

Account Or Other Number By Which Creditor Identifies Debtor

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
- 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 2-10-83

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED
\$ _____ (unsecured) \$ _____ (secured) \$ unknown (unsecured priority) \$ unknown (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 \$ _____
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-Governmental 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
Oxford Automotive, Inc
00668

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).
Joy Keys Joy Keys (wife)

BMC

* ATTENTION ESTATE Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No

Local No

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16 1 19 3

TYPE/PRINT IN PERMANENT BLACK INK	1 DECEASED NAME (First Middle Last) Timothy Donald Leon Keys			2 SEX Male	3a TIME OF DEATH 6 49 AM	3b DATE OF DEATH (Month Day Yr) November 24, 2004
	4 *SOCIAL SECURITY NUMBER 312 72 1433		5a AGE Last Birthday (Years) 41	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) October 23, 1963
DECEDENT	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	PLACE OF DEATH (Check only one See instructions)			
	9b FACILITY NAME (If not institution give street and number) 500 W South of Hwy 32		9c CITY TOWN OR LOCATION OF DEATH Winchester		9d COUNTY OF DEATH Randolph	
PARENTS	10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Joy (Gillum)	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired.) Factory Employee		12b KIND OF BUSINESS/INDUSTRY Tomasco, Inc	
	13a RESIDENCE STATE Indiana	13b COUNTY Randolph	13c CITY TOWN OR LOCATION Farmland		13d STREET AND NUMBER 6195 W 300 S	
INFORMANT	13e ZIP CODE 47340	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican etc.)	16 RACE—American Indian Black White etc (Specify) White	17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12 N/A
	18 FATHER'S NAME (If not Middle Last) Richard Keys			19 MOTHER'S NAME (First Middle Maiden Surname) Dora Jane (Vannatta)		
DISPOSITION	20a INFORMANT'S NAME (Type/Print) Joy Keys		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 6195 W 300 S, Farmland, IN 47340		20c Relationship Wife	
	21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place) November 30, 2004 Bear Creek Cemetery		21c LOCATION City or Town State Winchester, Indiana	
CAUSE OF DEATH	22a EMBALMER'S NAME Steve A Dunic		22b EMBALMER'S LICENSE NO FD09200051		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	24a SIGNATURE OF FUNERAL DIRECTOR <i>Steve A Dunic</i>		24b LICENSE NUMBER (of Licensee) FDO09200051		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Walker Funeral Home 248 East South Street, Winchester, Indiana 47394 FH19900025	
HEALTH OFFICER	26 PART I Enter the diseases injuries or complications that caused the death Do not enter nonspecific terms such as cardiac or respiratory arrest shock or heart failure List only one cause on each line					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a <u>Coronary artery disease</u> DUE TO (OR AS A CONSEQUENCE OF) b _____ DUE TO (OR AS A CONSEQUENCE OF) c _____ DUE TO (OR AS A CONSEQUENCE OF) d _____ Conditions if any which gave rise to the immediate cause stating the underlying cause last					
CERTIFIER	PART II Other significant conditions Conditions contributing to death but not previously stated in Part I			27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No	28a WAS AN AUTOPSY PERFORMED (Yes or no) Yes	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes
	29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time date and place and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time date and place and due to the cause(s) as stated <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion death occurred at the time date and place and due to the cause(s) and manner as stated		29b SIGNATURE AND TITLE OF CERTIFIER <i>Duane Petty</i> Coroner		29c MEDICAL LICENSE NO Coroner	29d DATE SIGNED (Month Day Year) Dec 27, 2004
HEALTH OFFICER	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Duane Petty (Coroner) 115 E South St, Winchester, IN 47394					
	31 HEALTH OFFICER'S SIGNATURE <i>George M Dealey MD</i>					32 DATE FILED (Month Day Year) DEC 28 2004
HEALTH OFFICER	33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year) Nov 24 2004	34b TIME OF INJURY None	34c INJURY AT WORK? (Yes or no) No	34d DESCRIBE HOW INJURY OCCURRED car went off the road
	34e PLACE OF INJURY — At home farm street factory office building etc (Specify) County Road			34f LOCATION (Street and Number or Rural Route Number City or Town State) 500 W south of SR 32		
34g DATE PRONOUNCED DEAD (Month Day Year) Nov 24 2004		34h MOTOR VEHICLE ACCIDENT (Yes or No) If yes specify driver passenger pedestrian etc Yes Driver				

DEC 28 2004

George M Dealey MD

SUMMARY ANNUAL REPORT

FOR LOBDELL EMERY CORPORATION WINCHESTER HOURLY EMPLOYEES' RETIREMENT INCOME PLAN

This is a summary of the annual report for the LOBDELL EMERY CORPORATION WINCHESTER HOURLY EMPLOYEES' RETIREMENT INCOME PLAN, EIN 38-0768460, Plan No 004, for the period October 1, 2002 through September 30, 2003. The annual report has been filed with the Employee Benefits Security Administration, U S Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA)

Basic Financial Statement

Benefits under the plan are provided through a trust fund. Plan expenses were \$19,933. These expenses included \$9,854 in administrative expenses and \$10,079 in benefits paid to participants and beneficiaries. A total of 209 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$972,318 as of September 30, 2003, compared to \$823,715 as of October 1, 2002. During the plan year the plan experienced an increase in its net assets of \$148,603. This increase includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$168,536 including employer contributions of \$26,321 and earnings from investments of \$142,215.

Minimum Funding Standards

An actuary's statement shows that enough money was contributed to the plan to keep it funded in accordance with the minimum funding standards of ERISA.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- 1 an accountant's report,
- 2 financial information,
- 3 information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates, and
- 4 actuarial information regarding the funding of the plan.

To obtain a copy of the full annual report, or any part thereof, write or call Lobdell Emery Corporation, PO Box 129, 520 Republic Avenue, Alma, MI 48801-0129, (989) 463-3151.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the

full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report

You also have the legally protected right to examine the annual report at the main office of the plan (Lobdell Emery Corporation, PO Box 129, 520 Republic Avenue, Alma, MI 48801-0129) and at the U S Department of Labor in Washington, D C , or to obtain a copy from the U S Department of Labor upon payment of copying costs Requests to the Department should be addressed to Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U S Department of Labor, 200 Constitution Avenue, N W , Washington, D C 20210

PLEASE NOTE NEW ADDRESS

Lobdell Emery Corporation
C/O Oxford Automotive, Inc
5750 New King Street, Suite 200
Troy, MI 48098
248/577-1400

DATE September 15, 2004

TO Lobdell Emery, Winchester Hourly Employees Retirement Income Plan
Lobdell Emery Corporation and UAW Local
All Winchester Pension Eligible Participants

FROM Lobdell Emery Corporation
Plan Sponsor

2002- Notice to Participants of the Lobdell Emery Corporation, Winchester Hourly Employees Retirement Income Plan

The law requires that you receive information on the funding level of your defined benefit pension plan and the benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC), a federal insurance agency

Your Plan's Funding

As of October 1, 2002, your plan had 76.44 percent of the money needed to pay benefits promised to employees and retirees

To pay pension benefits, your employer is required to contribute money to the pension plan over a period of years. A plan's funding percentage does not take into consideration the financial strength of the employer. Your employer, by law, must pay for all pension benefits, but your benefits may be at risk if your employer faces a severe financial crisis or is in bankruptcy.

PBGC Guarantees

When a pension plan ends without enough money to pay all benefits, the PBGC steps in to pay pension benefits. The PBGC pays most people all pension benefits, but some people may lose certain benefits that are not guaranteed.

The PBGC pays pension benefits up to certain maximum limits.

The maximum guaranteed benefit is \$3,664.77 per month or \$43,977.24 per year for a 65-year-old person in a plan that terminates in 2003.

The maximum benefit may be reduced for an individual who is younger than age 65. For example, it is \$2,895.17 per month or \$34,742.04 per year for an individual who starts receiving benefits at age 62.

The maximum benefit will also be reduced when a benefit is provided for a survivor.

The PBGC does not guarantee certain types of benefits

The PBGC does not guarantee benefits for which you do not have a vested right when a plan ends, usually because you have not worked enough years for the company

The PBGC does not guarantee benefits for which you have not met all age, service, or other requirements at the time the plan ends

Benefit increases and new benefits that have been in place for less than a year are not guaranteed Those that have been in place for less than 5 years are only partly guaranteed

Early retirement payments that are greater than payments at normal retirement age may not be guaranteed For example, a supplemental benefit that stops when you become eligible for Social Security may not be guaranteed

Benefits other than pension benefits, such as health insurance, life insurance, death benefits, vacation pay, or severance pay, are not guaranteed

The PBGC does not pay lump sums exceeding \$5,000 00

Where to get more information

Your Plan, 38-0768460 PN 004, is sponsored by Lobdell Emery Corporation If you would like more information about the funding of your plan, contact the following

John C Morey, Group Controller- Administrative Services 989-463-3151 ext 293
Oxford Automotive, Inc
PO Box 129
Alma, MI 48801

Marilyn Bryd, Human Resources 248-577-1400
Oxford Automotive, Inc-Winchester Division
Suite 200
5750 New King Street
Troy, MI 48098

For more information about the PBGC and the benefits it guarantees, you may request a free copy of "Your Guaranteed Pension" by writing to Consumer Information Center, Dept YGP, Pueblo, Colorado 81009 "Your Guaranteed Pension" is also available from the PBGC at www.pbgc.gov/participant or by calling 1-800-400-7242

Issued by September, 2004

Respectfully submitted,

John C. Morey

John C Morey
Group Controller-Administrative Services
Plan Administration

UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

In re

OXFORD AUTOMOTIVE, INC ,¹

Debtor

Case No 04-74733-SWR

Chapter 11

(Jointly Administered)

Hon Steven W Rhodes

NOTICE OF EXTENSION OF BAR DATE TO FILE PROOFS OF CLAIM

On December 17, 2004, the Debtors mailed to you a Notice of Deadlines to File Proofs of Claim ("Notice"), along with a Proof of Claim form that notified you of various important deadlines established by the Court in this case. The Notice advised you, among other things, that the Bankruptcy Court had established a bar date for creditors and parties in interest to file proofs of claims and interest.

The bar date established by the Court to file proofs of claim was January 18, 2005. **THIS BAR DATE HAS BEEN EXTENDED BY THE COURT TO FEBRUARY 1, 2005**

IF YOU HAVE ALREADY FILED PROOF(S) OF CLAIM IN THESE CASES, YOU DO NOT NEED TO RESUBMIT YOUR CLAIM(S) AND MAY IGNORE THIS NOTICE

IF YOUR CLAIM IS SCHEDULED AS "DISPUTED, CONTINGENT OR UNLIQUIDATED," OR IF YOU DO NOT AGREE WITH THE AMOUNT IN WHICH YOUR CLAIM HAS BEEN SCHEDULED BY THE DEBTORS, YOU MUST FILE A PROOF OF CLAIM SUCH THAT IT IS RECEIVED BY THE DEBTORS' CLAIMS AGENT BY FEBRUARY 1, 2005 IN ORDER TO PARTICIPATE IN A DISTRIBUTION FROM THE ESTATE

IF YOUR CLAIM HAS BEEN PROPERLY SCHEDULED BY THE DEBTORS IN AN AMOUNT THAT YOU AGREE WITH, YOU DO NOT HAVE TO FILE A CLAIM

Proofs of Claim sent by regular U S Mail shall be sent to Oxford Automotive, Inc , et al , c/o The BMC Group, Inc , P O Box 977, El Segundo, CA, 90245-0977. Proofs of Claim sent by messenger or overnight courier shall be sent to Oxford Automotive, Inc , et al , c/o The BMC Group, Inc , 1330 E Franklin Ave , El Segundo, CA 90245

If you did not receive the Notice or have any additional questions, they should be directed to The BMC Group, Inc , by visiting the Oxford Automotive Bankruptcy Website at www.bmccorp.net/oxauto or by calling The BMC Group, Inc at 888 909 0100. In addition, Proof of Claim forms are available in the clerk's office of the bankruptcy court, and can also be downloaded from the following websites:

www.mieb.uscourts.gov

AND

www.bmccorp.net/oxauto

¹ The Debtors in this case are Oxford Automotive, Inc , CE Technologies, Inc , Howell Industries, Inc , Lobdell Emery Corporation, OASP II, Inc , OASP, Inc , Oxford Automotive Alabama, Inc , Oxford Suspension, Inc , Prudenville Manufacturing, Inc , RPI Holdings, Inc , RPI, Inc and Tool and Engineering Company, as debtors and debtors-in possession.

Oxford Automotives

To Whom It May Concern

I, "Joy Keys" is filling out the "Proof of Claim" you sent to my husband Timothy Keys regarding Bankruptcy of Oxford Automotives and another Proof of Claim for Hobdell Emery. My husband Tim Keys passed away on November 24, 2004 of natural causes (CAD). I am enclosing a copy of his death certificate. I tried to fill out the Proof of Claim forms the best that I could but was unsure of "dollar amounts". I am also enclosing a Summary Annual Report for Hobdell Emery Corporation Winchester Hanley Employees Retirement Income Plan which may or may not help. If you have any questions you can contact me at 765-584-1179 (H) or 765-983-3060^(CW)

Thank You
Joy Keys



* ERJ90J594J9US *

ERJ90J594J9US



EXPRESS MAIL

Post Office To Addressee

Addressee Copy
Label 118 September 2002

ADDRESSEE USE ONLY

Date in Month	Day	Year	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Second	Postage \$	Return Receipt Fee
Mo	Day	Year	<input checked="" type="checkbox"/> 12 Noon	<input type="checkbox"/> 3 PM		
<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM		<input type="checkbox"/> Military	<input type="checkbox"/> 2nd Day	<input type="checkbox"/> 3rd Day	
Weight lbs. ozs.			Int'l Alpha Country Code			
<input type="checkbox"/> No Delivery	<input type="checkbox"/> Weekend	<input type="checkbox"/> Holiday	Acceptance Clerk Initials		Total Postage & Fees \$	Insurance Fee

CUSTOMER USE ONLY

Country Attempt	Time	Employee Signature
Mo	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM
Delivery Attempt	Time	Employee Signature
Mo	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM
Delivery Date	Time	Employee Signature
Mo	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM

PAYMENT BY ADDRESSEE

Express Mail Corporate Acct. No. _____
 Federal Agency Acct. No. or _____
 Postal Service Acct. No. _____

Signature: _____
 Title: _____

NO DELIVERY

Weekend Holiday

TO: (PLEASE PRINT) PHONE: _____

ZIP: 9 2 3 1 1 3 4 4 1 3

FOR PICKUP OR TRACKING CALL 1-800-222-1811
www.usps.com

The office the Expires

EP-13F February 2002

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