


UNITED STATES BANKRUPTCY COURT <u>EASTERN</u> DISTRICT OF <u>MICHIGAN</u>		PROOF OF CLAIM
Name of Debtor <u>LOBDELL-EMERY CORP, ETAL</u> <u>OXFORD AUTOMOTIVE, INC</u>		Case Number <u>04-54386</u> <u>04-54377</u>
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 USC § 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Henry EARL AUMAUGHER</u>		005 JAN 18 A 10:42 U.S. BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN DETROIT THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent <u>Henry EARL AUMAUGHER</u> <u>660 HILLCREST DR,</u> <u>PO BOX 333</u> <u>LAKE, MI 48632</u> Telephone number <u>989-544-2404</u>		
Account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input checked="" type="checkbox"/> Wages salaries and compensation (fill out below) Last four digits of SS # <u>8065</u> Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2 Date debt was incurred</b> <u>ONSOLNS</u>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <u>SEE ATTACHED SHEET</u> (unsecured) (secured) (priority) (Total) If all or part of your claim is secured or entitled to priority also complete Item 5 or 7 below <input type="checkbox"/> 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		
<b>5 Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____		<b>7 Unsecured Priority Claim</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>See ATTACHED STATEMENT</u> Specify the priority of the claim <input type="checkbox"/> 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 USC § 507(a)(3) <input checked="" type="checkbox"/> Contributions to an employee benefit plan 11 USC § 507(a)(4) <input type="checkbox"/> Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 USC § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 USC § 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
<b>6 Unsecured Nonpriority Claim</b> \$ <u>SEE ATTACHED</u> <input checked="" type="checkbox"/> 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 if c) none or only part of your claim is entitled to priority		THIS SPACE IS FOR COURT USE ONLY  RECD JAN 20 2005  Oxford Automotive Inc  00696
<b>8 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		
<b>9 Supporting Documents</b> 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		
<b>10 Date Stamped Copy</b> To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim		
Date <u>1/4/05</u>	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) <u>Henry Earl Aumaugher</u>	

ATTACHMENT TO PROOF OF CLAIM  
OXFORD AUTOMOTIVE, INC  
BANKRUPTCY COURT FILE NO 04-74377, CHAPTER 11  
LOBDELL EMERY CORPORATION  
BANKRUPTCY COURT FILE NO 04-74386, CHAPTER 11  
CLAIMANT-HENRY EARL AUMAUGHER  
DATE OF CLAIM-JANUARY 11, 2005

The undersigned Henry Earl Aumaugher, in good faith, believes that he has 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 future retirees or existing retirees et al

  
Henry Earl Aumaugher

  
Date