

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____		PROOF OF CLAIM
Name of Debtor OXFORD AUTOMOTIVE	Case Number 04-74377	THIS SPACE IS FOR COURT USE ONLY
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) 363-46-7461 CAROLYN HARRIER	<input type="checkbox"/> 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 <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
Name and address where notices should be sent 4732 N CROSSWELL RD ALMA, MI 48801		
Telephone number 989-463-8423		
Account or other number by which creditor identifies debtor 04-74386	Check here <input checked="" type="checkbox"/> replaces a previously filed claim dated 01/17/05 <input type="checkbox"/> amends	
1 Basis for Claim <input type="checkbox"/> Goods sold <input 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) \$ 3988.70 <input checked="" type="checkbox"/> Wages salaries and compensation (fill out below) Last four digits of SS # 7461 Unpaid compensation for services performed from 1/1/00 to 12/31/00 (date) (date)		
2 Date debt was incurred OVER COURSE OF EMPLOYMENT		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ 3988.70 810.39 mo 810.39 mo 4799.09 (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		
5 Secured Claim <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 checked="" type="checkbox"/> Other FULLY FUNDED PENSION Value of Collateral \$ 810.39 PER MONTH Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____		7 Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Wages salaries or commissions (up to \$4 650) * 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 type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(4) <input type="checkbox"/> Up to \$2 100* 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 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
6 Unsecured Nonpriority Claim \$ 3988.70 <input 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		
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 the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim		THIS SPACE IS FOR COURT USE ONLY FILED JAN 21 2005 BMC Oxford Automotive Inc 60721
Date 1/18/05	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) Carolyn Harrier	