

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

PROOF OF CLAIM



In re
Oxford Automotive, Inc

Case Number
04-74377

Schedule/Claim ID s2455
Amount/Classification
Priority 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.

Name of Creditor and Address
 08111832007627
FARRAR JON
605 LAKES EDGE DR
OXFORD MI 48371-5230

- 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

Creditor Telephone Number **248-628-4835**
Creditor Federal Tax ID **SS# 377-42-1041**

Account Or Other Number By Which Creditor Identifies Debtor: **Employer**

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

1 BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly): **SEVERANCE PAY**
- 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 _____ **3 IF COURT JUDGMENT, DATE OBTAINED** _____

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

\$ _____ (unsecured)	\$ _____ (secured)	\$ 36,015.53 (unsecured priority)	\$ 36,015.52 (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 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 \$ **36,015.53**

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-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 24 2005

BMC

Oxford Automotive Inc
 00754

DATE SIGNED: **Jan. 10, 2004**

SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any):
Jon Farrar - Senior Buyer

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

Jon Farrar

Exhibit # 1

Communication

Meeting

May 14, 2004

Business Update Agenda

- Opening Remarks - Jeff Wilson
- Divestiture Update - Jeff Wilson
- Business Update - Jeff Wilson
- HR Issues - Dennis Bemis
- Q & A - All

Human Resource Update

SETTLEMENT & RELEASE AGREEMENTS

- As jobs are eliminated or not required, due to sale of business – agreements will be offered.
- Typically Cover
 - Severance Payments
 - Cobra Coverage
 - Outplacement Assistance
 - Earned / Unused Vacation Pay

Human Resource Update

SEVERANCE

SALARY CONTINUANCE	
<i>Continuous Service for</i>	<i>Base Salary Separation Allowance (in weeks)</i>
6 months, but less than 1 year	2
1 year, but less than 2 years	4
2 years, but less than 3 years	6
3 years, but less than 5 years	8
5 years, but less than 7 years	10
7 years, but less than 10 years	12
10 years, but less than 15 years	16
15 years, but less than 20 years	20
20 years, but less than 25 years	24
25 years or more	26 MAX

Human Resources Update

COBRA

- All Employee Benefits for which recipient is normally eligible will continue for period of separation pay or minimum of one month (excluding S/T & L/T Disability)
- Normal Employee Contributions
- Company Benefit Coverage ends last day of separation pay ends
- Cobra Eligibility – Total (18) months reduced by length of separation period

Human Resources Update

OUTPLACEMENT SERVICES

- Will be provided on a group or individual basis at Oxford's choice
- Details of coverage / services is being worked out

January 10, 2004

Oxford Automotive, Inc
c/o BMC Group
PO Box 977
El Segundo, CA 90245-0977

Re Oxford Automotive, Inc December 7, 2004 Chapter 11 Bankruptcy Filing / Proof of Claim

Dear Sir(s),

I have been designated as an essential employee (1 of 8) necessary for the administration of a seamless transfer of existing Oxford Automotive business to the new owner(s)
I will be terminated upon completion of this task

Prior to the subject Bankruptcy Filing, all terminated corporate salaried employees were paid a severance package as illustrated in the May 14th company meeting. Now we have been told there will be NO severance pay and in fact employees terminated after December 7, 2004 have not received the severance package.

Exhibit #1 is the agenda for the May 14, 2004 meeting to update events concerning the divestiture of Oxford Automotive and to advise employees of settlement & release agreements including the severance pay policy.

Exhibit #2 is evidence of my current salary.

Exhibit #3 is evidence of my date of hire qualifying me for 26 weeks severance pay.

In good faith I have continued to work for Oxford Automotive believing that 26 weeks severance pay would give me time to seek other employment after my termination. Now the promised compensation in return for my loyalty to the end has arbitrarily been revoked. Therefore my claim is as follows:

40 hrs x \$31.13/ hr x 26 weeks severance pay =	\$32,375.20
\$606.72/mo benefit (medical / dental) package x 6 months =	<u>\$ 3,640.32</u>
<i>Supporting documentation for benefits cost was denied by Oxford HR Dept but given verbally</i>	
Total claim amount =	\$36,015.52

A self-addressed stamped envelope and an additional copy of this claim is enclosed for acknowledgement of my claim.

Yours truly,


Jon Farrar

Claim ID s2455
Case # 04-74377

Exhibit #2

John P. Parra 605 Lakes Edge Drive Oxford, MI 48371		Oxford Automotive SSN 377-42-1041		Emp No 10000 Location TROYHQ Country US Division 05		Unit 0530 Paygroup 05SOX Job BUYERCP Pay Rate 31.13		DDA Date 12/23/2004 Period End 12/19/2004 DDA Amt \$1878 82					
EARNINGS				DEDUCTIONS				TAXES					
Pay Type	Hours	Current	YTD	Deduction	Current	YTD	Tax Code	Current	YTD				
Base/Regular	56 00	1743 16	50676 20	401(K)		4781 28	Federal Income	250 56	5797 43				
ExpAirfare			2252 80	Dental Care	13 35	347 10	Employee Medica	35 29	917 54				
ExpCarMaint			6 50	Group Term Life	34 12	887 12	Social Security	150 91	3923 66				
ExpCarRent			163 15	Med RX Premier	57 00	1482 00	MI State Income	84 30	2026 70				
ExpFood			44 06	Medical Flex	20 00	520 00							
ExpHotel			82 74										
ExpMileage			116 64										
ExpOther			38 00										
ExpParkTolls			49 00										
ExpTips			7 00										
Group Term Life		34 12	887 12										
Holiday			3237 30										
STD			5852 04										
Vacation	24 00	747 07	4980 45										
DEDUCTIONS Totals				124 47		8017 50		TAXES Totals		521 06 12665 33			
EMPLOYEE ACCRUALS				NET PAY DISTRIBUTION				Current YTD					
				2075004174				1878 82 C					
EARNINGS Totals				2524 35		68193 00		Check Amt				\$0 00	
								NET PAY TOTALS				1878 82 47710 17	

Employee Benefits Confirmation Statement

Please review this Statement If you have any questions contact your Human Resource Manager or Carolyn Harrier at the Alma plant location [517] 463-3151 extension 336

Date Produced 01-09-01
 Social Security Number 377-42-1041
 Date of Birth 05-08-41
 Work Location NORTH AMERICA
 Hire Date 08-17-60
 Home Phone ~~248-299-9538~~
 248-628-4835

CONFIRMATION STATEMENT FOR 1304

Jon P Farrar
 Mail Boxes Etc
 705 Martens Ct Pmb 64-164
 Laredo TX 78041-6010

Listed below are your benefits dependent data and beneficiary information If any of this information is incorrect please correct & return to HR Dept

BENEFITS

EFFECTIVE DATE	BENEFIT DESCRIPTION	OPTION DESCRIPTION	*BENEFIT AMOUNT	**EMPLOYEE CONTRIBUTION	***BENEFIT STATUS
GTL CALC S/M	BASIC LIFE DEATH BENEFIT		22 57		
01-01-1993	BASIC LIFE DEATH BENEFIT	LIFE	155 000 00		A
01-01-1993	ACCIDENTAL DEATH & DISMEMBERMENT BENE	AD&D	155 000 00		A
01-01-1993	DELTA DENTAL	DENTAL COVERAGE			A
01-01-1993	LTD COVERAGE	LONG TERM DISABILTY	5 153 00		A
01-01-1997	GOOD HEALTH PLAN WITH PLEDGE	TWO PERSON		10 00	A
01-01-2001	MED FSA SEMI-MONTHLY P/R	SPENDING ACCOUNT		40 00	A
04-01-1993	401K SAVINGS PLAN	401K SAVINGS PLAN MA	824-04 850 16	746-75 772 88	A

*BENEFIT AMOUNT
 1) For 401K this is your monthly contribution including employer portion
 2) For LTD you would receive 60% of this amount
 3) Dental maximum per calendar year \$1 000 00

**EMPLOYEE CONTRIBUTION
 1) For Medical this is your monthly contribution amount
 2) For Flexible Spending this is your monthly deduction

***BENEFIT STATUS T=Terminated Benefit A=Active Benefit BLANK=Not active possible term in prior year(s)

FOR MEDICAL &/OR DENTAL, YOUR CURRENT FAMILY MEMBER INFORMATION IS LISTED BELOW

DEPENDENT NAME	#REL	SEX	DOB	SSN	##STUDENT	***DEPENDENT STATUS
FARRAR SANDRA	SP	F	07-29-40	372-40-1523	N	A

#REL SP=Spouse DA=Daughter SO=Son ##STUDENT S=Student N=Non Student

YOUR CURRENT LIFE/401K BENEFICIARY(S) IS/ARE LISTED BELOW (NWNL=life benefit)

BENEFICIARY NAME(S)	RELATIONSHIP	BENEFIT OPTION	EFFECTIVE DATE	COMMENTS
SANDRA FARRAR	SPOUSE	401K/1	04-01-1993	100 %
DAVID FARRAR	SON	401K/1	04-01-1993	SECONDARY
REBECCA FARRAR	DAUGHTER	401K/1	04-01-1993	SECONDARY
PAMELA HOARD	DAUGHTER	401K/1	04-01-1993	SECONDARY
SANDRA B FARRAR	SPOUSE	NWNL/1 AD&D/1	01-01-1993	

January 10, 2004

Oxford Automotive, Inc
c/o BMC Group
PO Box 977
El Segundo, CA 90245-0977

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