

**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 s4160
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

Name of Creditor and Address
08111832009407
CHESTER GERALD
1035 CLARKSVILLE RD
HERMITAGE PA 16148-2945

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 **(717) 983 1449**
Creditor Federal Tax ID
022306573

Account Or Other Number By Which Creditor Identifies Debtor

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

1 BASIS FOR CLAIM
 Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Services performed Taxes Wages, salaries, and compensation (Fill out below)
 Money loaned Other (describe briefly) _____
 Last four digits of SS # **6573** **5-1-78**
 Unpaid compensation for services performed from **-OCT 68** to **JULY 92**
 (date) (date)

2 DATE DEBT WAS INCURRED **NOV 15 2004**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED
 \$ _____ (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 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-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 25 2005
BMC
 Oxford Automotive Inc
 00795

DATE SIGNED **1-20-05**
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).
Gerald Chester **GERALD CHESTER**

January 7, 1999

GERALD W CHESTER
1035 CLARKSVILLE RD
HERMITAGE PA 16148

Annuity Contract Number 4-19049
Identification Number 22306573

RE HOWELL INDUSTRIES INC UNITED STEELWORKERS

Dear Mr Chester

You ended your employment with Howell Industries Inc United Steelworkers on July 24, 1992. When you left Howell Industries Inc United Steelworkers, you had a monthly vested pension benefit of \$102.50. According to the most recent available data and the current plan provisions, you can:

- Receive your monthly vested pension benefit of \$102.50 beginning on December 1, 2004 or,
- Elect early retirement and receive a reduced monthly benefit.

If you're married when you retire, federal law requires your benefits be paid in the form of a joint and survivor benefit. You must receive the joint and survivor benefit unless you elect another form of payment and your spouse consents to it in writing. The benefit shown above is payable for life and will be reduced for a joint and survivor benefit or an optional payment method. Any discrepancies will not alter the terms of the plan or annuity contract. Your actual benefit will be determined using the terms of the plan.

If you die before retirement and are married, your spouse may be eligible for a survivor annuity benefit.

We suggest you keep this letter with your valuable papers as a reminder of your benefits. Call one of our retirement representatives at 1-800-255-6613 at least 60 days before you want your retirement payments to begin. Please contact us with any questions about your pension benefit or when you have a change of address.

Sincerely

Principal Life Insurance Company
1-800-255-6613

cc Howell Industries, Inc.
Gemma Bevilacqua - DRS03

ANNUAL REPORT OF
HOWELL INDUSTRIES, INC
SALARIED EMPLOYEES' PENSION PLAN
AS OF AUGUST 1, 1988
G W CHESTER

THIS REPORT IS PREPARED ANNUALLY TO ADVISE YOU OF THE STATUS OF THE PLAN PROVIDED FOR YOU BY THE COMPANY.

BASED ON YOUR PRESENT SALARY AND PROJECTED SERVICE TO YOUR NORMAL RETIREMENT DATE, DECEMBER 1, 2004, IT IS ESTIMATED THAT YOU WILL THEN RECEIVE:

YOUR ESTIMATED MONTHLY PENSION BENEFIT OF	\$395
YOUR ESTIMATED MONTHLY SOCIAL SECURITY BENEFITS	\$692
ESTIMATED TOTAL MONTHLY BENEFIT	\$1,087

YOUR PENSION IS PAYABLE FOR YOUR LIFETIME WITH 120 MONTHLY PAYMENTS GUARANTEED IF YOU ARE MARRIED A REDUCED PENSION IS PAYABLE MONTHLY FOR YOUR LIFE WITH 50% OF YOUR PAYMENTS CONTINUING TO YOUR SURVIVING SPOUSE OTHER OPTIONS ARE AVAILABLE AND MAY BE ELECTED BY YOU WITH YOUR SPOUSE'S CONSENT

IF YOU SHOULD DIE WHILE WORKING FOR THE COMPANY, YOUR BENEFICIARY WILL RECEIVE THE FOLLOWING DEATH BENEFITS SO LONG AS YOUR SPOUSE, IF ANY, HAS CONSENTED NOT TO RECIEVE THE AUTOMATIC DEATH ANNUITY PROVIDED BY THE PLAN:

DEATH BENEFIT FROM PENSION FUND	\$12,528
DEATH BENEFIT FROM GROUP LIFE INSURANCE	\$26,972
TOTAL DEATH BENEFIT	\$39,500

AS OF AUGUST 1, 1988 YOUR ACCRUED MONTHLY PENSION BENEFIT, PAYABLE AT YOUR NORMAL RETIREMENT DATE IS \$216 EFFECTIVE AUGUST 1, 1988, 100% OF THE ACCRUED MONTHLY BENEFIT IS CURRENTLY NON-FORFEITABLE (VESTED)

IN ADDITION, BENEFITS ARE PAYABLE IF YOU BECOME PERMANENTLY AND TOTALLY DISABLED DURING THE YEAR AND IF YOU HAVE SATISFIED THE ELIGIBILITY REQUIREMENTS THEREFOR.

THIS CERTIFICATE PRESENTS AN ESTIMATE OF THE BENEFITS AVAILABLE TO YOU UNDER THE PLAN BASED ON YOUR CURRENT COMPENSATION AND THE COVERED COMPENSATION BASE FOR A PERSON RETIRING DURING THIS YEAR BECAUSE THESE CALCULATIONS ARE PREDICATED ON SEVERAL AS YET UNFULFILLED CONDITIONS THEY CANNOT BE ACCEPTED AS BINDING BUT ARE FURNISHED TO YOU FOR INFORMATION PURPOSES ONLY THIS CERTIFICATE IS SUBJECT TO AND CONTROLLED BY THE TERMS OF THE PLAN AND MAY BE CORRECTED OR MODIFIED AT THE ELECTION OF THE COMPANY