


(Detroit)

FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT <u>EASTERN</u> DISTRICT OF <u>MICHIGAN</u>		PROOF OF CLAIM
Name of Debtor <u>HOWELL INDS - USW MASURY</u>		Case Number <u>04-74733-SWR</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 § 505.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>ANNIE W HUESTON</u>		<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: <u>ANNIE W HUESTON</u> <u>1931 MEMORIAL DR. PO BOX 122</u> <u>FARRETT, PA 16121</u> Telephone number <u>724-981-7869</u>		
Account or other number by which creditor identifies debtor <u>13-4161311</u>		Check here <input type="checkbox"/> replaces a previously filed claim, dated _____ <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 checked="" type="checkbox"/> Other <u>PENSION</u> <input checked="" type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS # _____ Unpaid compensation for services performed from <u>2001</u> to <u>2006</u> (date) (date)		
2. Date debt was incurred:		3. If court judgment, date obtained: <u>N/A</u>
4. Total Amount of Claim at Time Case Filed. \$ _____ (unsecured) _____ (secured) <u>20,487.60</u> (priority) _____ (Total) If all or part of your claim is secured or entitled to priority also complete Item 5 or 7 below. <u>minus amounts paid</u> <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 type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrangement and other charges at time case filed included in secured claim if any: \$ _____		7. Unsecured Priority Claim. <input checked="" 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 \$4,925)* 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) <input checked="" type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 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 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) _____. <small>*Amounts are subject to adjustment on 4/1/07 and every 5 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
6. Unsecured Nonpriority Claim \$ _____ <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.		THIS SPACE IS FOR CREDITOR USE ONLY FILED JAN 26 2005 BMC Oxford Automotive, Inc.  00815
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 and addressed envelope and copy of this proof of claim.		
Date <u>1-25-05</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>ANNIE W HUESTON</u> ANNIE W HUESTON	

1 Gross distribution	2a Taxable amount	Distributions From Pensions Annuities Retirement or Profit Sharing Plans IRAs Insurance Contracts, etc
341 46	341 46	
2b Taxable amount not determined	Total distribution	

PAYER'S name, street address, city, state and ZIP code
**HOWELL INDS-USW MASURY
 OXFORD AUTO
 THE BANK OF NEW YORK-EBT-TTEE
 111 SANDERS CREEK PKWY
 EAST SYRACUSE, NY 13057**

Standard Register

PAYER'S Federal identification number 13-4161311		RECIPIENT'S Social Security number 425-66-5662	
3 Capital gain included (see 2a)	4 Federal income tax withheld	5 Employee contributions or insurance premium	
0 00	0 00	0 00	
6 Net unrealized appreciation in employer's securities	7 Distribution code	IRA SEP SIMPLE	8 Other
0 00	7		
9a Total percentage of total distribution	9b Total employee contribution		

RECIPIENT'S name or direct street address (incl apt no), city, state and ZIP code
**ANNE W HUESTON
 1931 MEMORIAL DR
 P O BOX 122
 FARRELL PA 16121**

A Account number (optional) OXF010	10 State tax withheld 0 00
11 State/Payer's state no. PA	12 State distribution
13 Local tax withheld 0 00	14 Name of local
	15 Local distribution

File this copy with your state, city or local income tax return when required. Expiration of this Treasury Internal Revenue

*Above Amount scheduled to be paid
 for 5 years, each month. Beginning 2001 (est)
 Anne W Hueston
 1-25-05*