

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

PROOF OF CLAIM

YOUR CLAIM IS SCHEDULED AS

In re
Oxford Automotive, Inc

Case Number
04-74377

Schedule/Claim ID s3301
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
08111832008466
STUDEBAKER CAROLYN
122 ALLEN AVE
ALMA MI 48801-2404

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 (189) 466-5515
Creditor Federal Tax ID
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 # _____
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) \$ unknown (unsecured priority) \$ unknown (Total)
(see attached)
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 \$ unknown
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

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FILED
JAN 27 2005
BMC
Oxford Automotive Inc
00844

DATE SIGNED 1-18-05
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)
(Carolyn A. Studenaker)



**Lobdell Emery Corporation Salaried Employees' Retirement Income Plan
Pension Benefit Statement as of 3/31/2001**

Name	CAROLYN STUDEBAKER	SS#	376-80-7502
Address	122 ALLAN AVENUE ALMA, MI 48801	Birth Date	06/02/1965
		Original Hire Date	11/04/1991
		Salaried Hire Date	11/04/1991

Service and Pay History	
Credited Service	9 417 years
Monthly Compensation History	
2000	\$ 3,284 43
1999	3,164 44
1998	3,148 34
1997	3,187 48
1996	2,775 88
Final Average Monthly Compensation	3,112 11

Vesting
To be 100% vested in your pension benefit, you must have at least five years of vesting service with Oxford Automotive or one of its affiliates. As of March 31, 2001, you are 100% vested in your accrued benefit.

Accrued Benefit
Your accrued benefit payable during your lifetime, with five years guaranteed starting at age 65, is \$439 60 per month. In accordance with Plan provisions, you may also take your benefit in one of the optional forms of payment offered by the Plan and, if you had at least 10 years of Credited Service with the Company on March 31, 2001, you may elect to receive a monthly benefit before age 65.

The benefits shown on this statement are estimates. Your actual pension will be calculated when you terminate employment or retire and may be different than the amount shown on this statement.

If you have elected to be covered by the pre-retirement death benefit offered by the Plan, your accrued benefit will be reduced for the cost of this coverage. This statement does not reflect benefits earned as an hourly employee.

This statement is based on actual Company records and is subject to correction for any errors in the records or otherwise. In the event of a discrepancy, the Plan document shall control a final determination concerning benefits under the Plan. The Company reserves the right to end, suspend or amend the Plan at any time, in whole or in part.

Should you have any questions or wish to correct any of the personal data listed above, please contact Human Resources.