

**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 s7364  
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.

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.

**Name of Creditor and Address**  
08112372012631  
HOLTON DENNIS  
8879 GOLFSIDE COURT  
SHEPHERD MI 48883

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 (789) 828-6073  
Creditor Federal Tax ID  
Account Or Other Number By Which Creditor Identifies Debtor

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

**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)    \$ \_\_\_\_\_ (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 February 11, 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**  
**FILED**  
**JAN 28 2005**  
**BMC**  
 Oxford Automotive, Inc  
 01500

DATE SIGNED  
1-25-05

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).  
Dennis E. Holton DENNIS E. HORTON

# Social Security Administration

## Potential Private Pension Benefit Information

DENNIS E HOLTON  
 8879 GOLFSIDE CT  
 SHEPHERD MI 48883

Social Security Number  
 384-42-6035  
 Name D E HOLTON

We are writing to tell you that you, or the worker whose Social Security number appears at the top of this form, MAY be entitled to some private pension benefits upon retirement. Also, your family, or the worker's family, may be entitled to retirement or survivor benefits.

### These Are Not Social Security Benefits

These potential benefits are NOT Social Security benefits and we do not make any decisions about the payment of these benefits. The following provides some basic information about these private pension benefits.

### Information About Pension Benefits

You have, or the worker has, earned pension rights although no longer employed in a job covered by the pension plan. These are called "deferred vested benefits." Private pension plan administrators must provide information about such benefits to us through the Internal Revenue Service. We provide this information about the pension plan when the individual asks for it or when a claim is filed for Social Security benefits.

### If You Want to Apply for These Benefits

If you want to apply for these pension benefits or have any questions, you should contact the pension Plan Administrator shown below. Include the 9 digit identification number shown below and a copy of this notice when you write to the Plan Administrator.

Plan Name LOBDELL-EMERY MANUFACTURING CO SALARIED EMPLS RET INCOME PLAN	Plan Number 38-0768460-001	
	Identification Number 38-0768460	
	Year Reported 1992	Estimated Amount \$1,653
Plan Administrator and Address LOBDELL EMERY MFG CO PO BOX 129 ALMA MI 48801-0000	Type of Annuity C	Payment Frequency E
	Units or Shares	Value of Account

**IMPORTANT:** This is all the information we have. See the other side of this page for an explanation of this information.