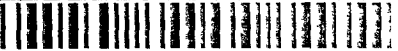


UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS

In re  
**Oxford Automotive, Inc**

Case Number  
**04-74377**

Schedule/Claim ID  
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.
- 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**

Name of Creditor and Address  
08111832011044  
**KEYS TIMOTHY / Joy Keys**  
6195 W CO RD 300 S  
FARMLAND IN 47340

Creditor Telephone Number (764) 552-1149

Creditor Federal Tax ID

Account Or Other Number By Which Creditor Identifies Debtor

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

1 BASIS FOR CLAIM

- Goods sold
  - Services performed
  - Money loaned
  - Personal injury/wrongful death
  - Taxes
  - Other (describe briefly)
  - Retiree benefits as defined in 11 U.S.C. § 1114(a)
  - Wages, salaries, and compensation (Fill out below)
- Last four digits of SS # 1433 ? to ?  
Unpaid compensation for services performed from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

2 DATE DEBT WAS INCURRED 2-10-83

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ \_\_\_\_\_ (unsecured)

\$ Unknown (secured) \$ Unknown (unsecured priority) \$ Unknown (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 hereafter 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 13, 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  
1300 East Franklin Ave  
El Segundo, CA 90245

THIS SPACE FOR COURT  
**FILED**  
**JAN 31 2005**  
**BMC**  
Oxford Automotive, Inc  
  
01542

DATE SIGNED

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).  
Joy Keys Joy Keys (wife)

Inford Automotives

To Whom It May Concern

I, Joy Keys, wife of Jim Keys who is now deceased is filing "Proof of Claim" forms for Inford Automotives and Hobdell Emery. I recently sent Proof of Claim forms for his Retirement benefits with a copy of his death certificate and his claim # 55797. I came across a list of names of people who worked at Hobdell/Inford for the Retirement Benefits and my husband Timothy Keys was not on there and his brother Donnie was. So now I'm uncertain if he (Jim) is to receive Retirement Benefits or already has. Also I noticed all the other employees under

.th o / n or a 7

forms for Wages, Salaries and  
Compensation since his claim  
# is different from everyone  
elses. I am putting unknown  
down again as far as dollar  
amt: owed if any & am putting  
a question mark where it  
says Unpaid compensation for  
services performed from date to  
date since I am unsure. I  
have not found anything at  
this time stating that he cashed  
in his retirement so please I  
am asking that you check on  
both his Retirement Benefits  
and Wages, Salaries & compensation  
if you have any questions  
you can contact me at my  
home # 765-584-1179 or at work  
765-983-3060. Jim was a great  
husband and a good worker &  
was at Hobdell from 1983 until our  
dad closed down in 1999? I think

CALL 1-800-222-1811 FOR PICKUP OR TRACKING



9251

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Post Office To Addressee

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	
Date In Mo Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight lbs ozs	Int'l Alpha Country Code	COD Fee \$	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$	

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt Mo Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt Mo Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date Mo Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

**CUSTOMER USE ONLY**

PAYMENT BY ACCOUNT  
Express Mail Corporate Acct No  **WARNING OF SIGNATURE (Domestic Only)**  
Additional merchandise insurance is void if waiver of signature is requested.

Federal Agency Acct No or Postal Service Acct No  I will delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY  
 Weekend  Holiday

Customer Signature

TO\* (PLEASE PRINT) PHONE ( )

many X

02/03 FOR PICKUP OR TRACKING CALL 1-800-222-1811  
www.usps.com