

**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 s6755  
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

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

**Name of Creditor and Address**  
08112372012022  
WILT JACK  
801 N WEST STREET  
WINCHESTER IN 47394

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

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 (765) 584-0801  
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  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 # 7121  
 Unpaid compensation for services performed from 4-4-73 to 3-20-78  
 (date) (date)

**2 DATE DEBT WAS INCURRED** 04-04-73 to 03-20-78 **3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED** \$ \_\_\_\_\_ (unsecured) \_\_\_\_\_ (secured) \$ 350.00 per month (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

**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 ONLY  
**FILED**  
JAN 31 2005  
**BMC**  
Oxford Automotive Inc  
01601

DATE SIGNED Jan 24, 2005 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)  
Jack A. Wilt

**NOTIFICATION OF ELIGIBILITY FOR DEFERRED WITHDRAWAL PENSION**

DATE October 15 1998

FROM Oxford Automotive Inc  
Hourly Employees Retirement Income Plan  
Pension Committee  
P O Box 129  
Alma MI 48801

Oxford Automotive Inc  
Hourly Employees Retirement Income Plan  
Pension Committee  
1250 Stephenson Highway  
Troy MI 48083

TO Jack A Wilt (5012)  
801 N West Street  
Winchester IN 47394

DATE OF HIRE 04-04-73  
SOCIAL SECURITY NO 31850-7121  
DATE OF BIRTH 01-22-48  
DATE OF TERMINATION 03-20-98  
LAST DAY WORKED 03-20-98

You have completed at least five years of vesting service or credited service for eligibility and 25 years of credited service for benefit computation

You are eligible for a monthly benefit for life beginning at age 65 in the amount of \$ 350.00. Your benefit calculation is as follows: 25 (years of credited service) x \$14.00 (benefit level in effect on your last day worked) = \$350.00. This is a vested benefit. If you have at least 15 years of credited service and wish payments to begin before your 65th birthday, but after your 60th birthday, you may elect to receive this benefit in a reduced amount for life.

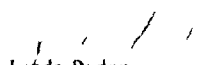
If you have a spouse to whom you have been married for at least one year at the time your benefit payments start, your benefit will be reduced to provide your spouse with 50% of the benefit you will receive if you die before your spouse does. **THIS BENEFIT IS NOT EFFECTIVE UNTIL YOU START YOUR BENEFIT PAYMENTS.** You and your spouse may choose at the time you file your application not to have your benefit reduced and provide your spouse with no benefit after you die.

**YOU MUST APPLY FOR THE BENEFIT TO BEGIN.**

When you apply at the above address, please provide proof of your birth date, your spouse's birth date and proof of marriage, if you have a spouse at that time.

No benefits to you or your spouse will be payable or due until you apply. No benefits to you or your spouse will be payable or due in any event before your 60th birthday.

Sincerely,

By   
Linda Peden  
Benefits Coordinator

01-11-98 10:00 AM