

UNITED STATES

PROOF OF CLAIM

YOUR CLAIM IS SCHEDULED AS

In re
Oxford Automotive, Inc

Case Number
04-74377

Schedule/Claim ID s5608
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...

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim...
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 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

Name of Creditor and Address
SMITH LILLIAN
322 NILES ST
LAKEVIEW MI 48850 9504

Creditor Telephone Number (989) 352-6662
Creditor Federal Tax ID 14-5766
Account Or Other Number By Which Creditor Identifies Debtor 13-4161311

Check here if this claim replaces or amends a previously filed claim dated 1/15

1 BASIS FOR CLAIM
Goods sold
Services performed
Money loaned
Personal injury/wrongful death
Taxes
Other (describe briefly)

Free benefits as defined in 11 U.S.C. § 1114(a)
Wages salaries and compensation (Fill out below)
Last four digits of SS #
Unpaid compensation for services performed from (date) to (date)

2 DATE DEBT WAS INCURRED 1981 - I believe

3 IF COURT JUDGMENT, DATE OBTAINED 11/11

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED
(unsecured) \$ 16253
(secured) \$ 1950.34
(unsecured priority)
(Total) you

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

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 \$ 16253 monthly
Specify the priority of the claim 1950.34 for year
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 if 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

FILED
JAN 31 2005
BMC
Oxford Automotive Inc

DATE SIGNED 1-15
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)
Lillian D Smith - Lillian D Smith Emcy

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

copy of form I receive for tax purposes yearly
 happens to be for 2002 - same always

Form 1099-R CORRECTED (if checked) OMB No 1545-0119 **2002**

1 Gross distribution	2a Taxable amount
1,950 36	1,950 36
2b Taxable amount not determined	Total distribution

Distributions From Pensions Annuities Retirement or Profit Sharing Plans IRAs Insurance Contracts, etc

PAYERS name street address city state and ZIP code

LOBDELL EMERY-SAL EMP RET PL
 OXFORD AUTO
 THE BANK OF NEW YORK-EBT-TTEE
 ONE WALL ST 26TH FL
 NEW YORK, NY 10286

PAYERS Federal identification number	RECIPIENTS identification number
13-4161311	379-14-5766

3 Capital gain (included in box 2a)	4 Federal income tax withheld	5 Employee contributions or insurance premiums
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 Your percentage of total distribution	9b Total employee contributions

RECIPIENTS name and street address (incl apt no) city state and ZIP code

LILLIAN D SMITH
~~RT # 1 BOX 15~~
 322 NILES STREET
 LAKEVIEW MI 48850

A Account number (optional)	10 State tax withheld
OXF001	0 00
11 State/Payer's state no	12 State distribution
MI	
13 Local tax withheld	14 Name of locality
0 00	
15 Local distribution	

File this copy with your state, city, or

Department of the Treasury
 INTERNAL SECURITY

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 LAKEVIEW MI 48850

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Standard Keypoint