

PROOF OF CLAIM

YOUR CLAIM IS SCHEDULED AS\*

In re
Oxford Automotive, Inc

Case Number
04-74377

Schedule/Claim ID 82152
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:

BABCOCK, DORY
7955 CLOVER VALLEY RD NW
RAMSEY, IN 47166-8428

08111832007325

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 ( )

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
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 #:
Unpaid compensation for services performed from to

Severance pay \$ 17,009.98
1308.46/WK x 13 =

2. DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

\$ 17,009.98 (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

6. 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)

8. UNSECURED NON-PRIORITY 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

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

Other: Severance

\* 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 January 18, 2005 for Non-Governmental 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

DATE SIGNED

1-27-05

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)

Dory Babcock

Dory Babcock

FILED FOR COURT

FEB 01 2005

BMC

Oxford Automotive Inc



01646

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

1-27-05

This claim is being filed for severance pay Start date was July 1991 with end date of 2-4-05 That equates to 13 weeks of severance pay for 13 years of service at 32 71/hour Prior to bankruptcy filing on 12-7-04, previous employees have received their severance pay We were informed by our VPs and Directors upon announcement of the sale we would all receive one week for each year of service

Thank you,

*Dory Babcock*  
Dory Babcock