

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshall

| Officed States Marshals Service | .6 | | | | see mstruc | tions for service of | of Process by U | S. Marsnai | |
|--|---------------------------------|--------------------|--------------------------------------|---|-----------------------|---|----------------------|------------|--|
| PLAINTIFF | | | | | | COURT CASE NU | MBER | | |
| wiand et al | l et al | | | | | 8:20-cv-862 | | | |
| DEFENDANT | | | | | | TYPE OF PROCESS | | | |
| arduini et al | | | | | | garnishment | | | |
| NAME (| F INDIVIDUAL. | COMPANY, CO | ORPORATION, I | ETC. TO SERVE | OR DESCRIPT | TON OF PROPERTY | TO SEIZE OR CO | NDEMN | |
| | Valley National | | | | | | | | |
| AT ADDRES | SS (Street or RFD) Westshore | Apartment No. | City. State and Z | IP Code) | | | | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | | | | | | Number of process to be served with this Form 285 | | | |
| | | | | | | Number of parties to served in this case | o be | 1 | |
| | | | | | | Check for service on U.S.A. | | у | |
| This form is proof of servi | ce of doc 847 | ,859,857,an | d 845 | | = 2 | | | | |
| Signature of Attorney other Originator requesting service on behalf of: PLAINTIFE DEFENDANT | | | | | TELEPHONE NUMBER DATE | | DATE | | |
| SPACE F | RELOW FOR | USE OF U.S | MARSHAI | ONLY - DO | NOT WRIT | LE BELOW THI | SLINE | | |
| Lacknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin | District to Serve No. 18 | ONLY - DO NOT WRITE BELOW THIS LINE Signature of Authorized USMS Deputy or Clerk Date JEFFREY LAVALLEE Digitally signed by JEFFREY LAVALLEE Date 2021 06 25 10:33:16-04:00 | | | | | |
| I hereby certify and return that 1 kindividual, company, corporation, e | have personally s | served . have | legal evidence of the on the individ | f service. ha | ve executed as sl | hown in "Remarks", th | ne process described | l on the | |
| ☐ I hereby certify and return that | | | | | | | | | |
| Name and title of individual served | | | | | | Date/ / | Time | am am | |
| Linda Hinze, 5 VP Valley National | | | | | | 6/28/21 | 10:10 | pm | |
| Address (complete only different the | n shown above) | - J | | | | Signature of U.S. M | 1 | | |
| Costs shown on attached USMS Cost Sheet >> | | | | | | | | 3 | |
| REMARKS | | | | | | | | 7 | |

Form USM-285 Rev. 03-21