

U.S. Department of Justice
United States Marshals Service


PROCESS RECEIPT AND RETURN

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

PLAINTIFF wiand et al	COURT CASE NUMBER 8:20-cv-862
DEFENDANT arduini et al	TYPE OF PROCESS garnishment
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN key bank ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 412830 university dr ftm	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
Number of process to be served with this Form 285 4 Number of parties to be served in this case 1 Check for service on U.S.A. y	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

This form is proof of service of doc 873,885,877, and 871

Signature of Attorney, other Originator requesting service on behalf of <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE		
I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 4	District of Origin No 18
	District to Serve No 18	Signature of Authorized USMS Deputy or Clerk JEFFREY LAVALLEE Digitally signed by JEFFREY LAVALLEE Date: 2021.06.25 10:33:16 -0400
I hereby certify and return that I <input checked="" type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.		
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)		
Name and title of individual served (if not shown above)	Date 7/14/21	Time 1000 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy 	

Costs shown on attached USMS Cost Sheet >>

REMARKS

Key Private Bank


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