

SHERIFF'S OFFICE

50 NORTH DUKE STREET, P.O. BOX 83480, LANCASTER, PENNSYLVANIA 17608-3480 • (717) 299-8200

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APP-02155-04

SHERIFF SERVICE
PROCESS RECEIPT, and AFFIDAVIT OF RETURN

PLEASE TYPE OR PRINT LEGIBLY.
DO NOT DETACH ANY COPIES.

1 PLAINTIFF/S/
The Cincinnati Insurance Company

2 COURT NUMBER
CI-04-02155

3 DEFENDANT/S/
Arthur Larsen, Jr.

4 TYPE OF WRIT OR COMPLAINT
Civil Complaint

SERVE **AT**

5 NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO BE SERVED
Arthur Larsen, Jr.

6 ADDRESS (Street or RFD, Apartment No., City, Boro, Twp., State and ZIP Code)
829 West Walnut Street, Lancaster, PA 17603

7 INDICATE UNUSUAL SERVICE: DEPUTIZE OTHER

Now, _____ 20 _____, I, SHERIFF OF LANCASTER COUNTY, PA., do hereby deputize the Sheriff of _____ County to execute this Writ and make return thereof according to law. This deputation being made at the request and risk of the plaintiff.

SHERIFF OF LANCASTER COUNTY

8. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE:

NOTE ONLY APPLICABLE ON WRIT OF EXECUTION: N.B. WAIVER OF WATCHMAN - Any deputy sheriff levying upon or attaching any property under within writ may leave same without a watchman, in custody of whomever is found in possession, after notifying person of levy or attachment, without liability on the part of such deputy or the sheriff to any plaintiff herein for any loss, destruction or removal of any such property before sheriff's sale thereof.

9. SIGNATURE of ATTORNEY or other ORIGINATOR
Donald M. Dessey Donald M. Dessey, Esq.

10. TELEPHONE NUMBER
717-791-0400

11. DATE
8-23-04

12. SEND NOTICE OF SERVICE COPY TO NAME AND ADDRESS BELOW: (This area must be completed if notice is to be mailed)

Donald M. Dessey, Esquire
4999 Louise Drive, Suiet 103
Mechanicsburg, PA 17055

Cincinnati Ins. Co.

SPACE BELOW FOR USE OF SHERIFF ONLY — DO NOT WRITE BELOW THIS LINE

13. I acknowledge receipt of the writ or complaint as indicated above.

NAME of Authorized LCSO Deputy or Clerk
KATHY SHUMAN 717-299-8204

14. Date Received
08-23-04

15. Expiration/Hearing date
09-22-04

16. I hereby CERTIFY and RETURN that I have personally served, have legal evidence of service as shown in "Remarks", have executed as shown in "Remarks", the writ or complaint described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address inserted below by handing a TRUE and ATTESTED COPY thereof.

17. I hereby certify and return a NOT FOUND because I am unable to locate the individual, company, corporation, etc., named above. (See remarks below)

18. Name and title of individual served (if not shown above) (Relationship to Defendant)

19. No Service
See Remarks Below (No. 30)

20. Address of where served (complete only if different than shown above) (Street or RFD, Apartment No., City, Boro, Twp State and Zip Code)

21. Date of Service

22. Time
AM
PM
EST
EDST

23. ATTEMPTS	Date	Miles	Dep. Int.	Date	Miles	Dep. Int.	Date	Miles	Dep. Int.	Date	Miles	Dep. Int.	Date	Miles	Dep. Int.
	9/10	5		9/13	5		9/14	5		9/14	5				

24. Advance Costs
135583

25. Service Costs
150.00

26. Notary Cert.
36.50

27. Mileage/Postage/N.F.
5.63/1500

28. Total Costs
57.13

29. COST DUE OR REFUND
92.87

30. REMARKS:
SPROKE TO MOTHER OF HS, WHO STATES HS DOES NOT LIVE WITH HER AND SHE DOES NOT KNOW HIS CURRENT WHEREABOUTS. DEF. HAS HAD A LOT OF COMPLAINTS FILED AGAINST HIM AND DIV. EVIDENCE IS THAT ALL THE ADDRESSES THAT DEF GIVES ARE BAD ADDRESSES, USUALLY LEAD TO A POST OFFICE BOX. DEF DOES NOT HAVE A FORWARDING ADDRESS. ANSWER.

31. AFFIRMED and subscribed to before me this **SEP 24 2004**

32. Signature of Dep Sheriff
James Maffey

33. Date
9/21/04

34. day of _____

35. Signature of Sheriff
James Maffey

36. Date
9-21-04

37. _____
Prothonotary/Deputy/Notary Public

MY COMMISSION EXPIRES _____

1. WHITE - Issuing Authority 2. PINK - Attorney 3. CANARY - Sheriff's Office 4. BLUE - Sheriff's Office