Case: 1:13-c

Case: 1:13-cv-03643 Document #: 25 Filed: 08/05/13 Page 1 of 1 PageID #:65 SHERIFF'S OFFICE OF COOK COUNTY, ILLINOIS

AFFIDAVIT OF SERVICE



VMC529

CASE NUMBER: 13CV3643

MULT.SER.

PUREIUM DOC. TYPE: SUMMONS

| DIE DATE: 08/19/2013 | | RECEIVED DATE: 7/23/2013 | FILED DATE: 06/26/2013 | DIST: 606 DC | | |
|---|---|---|---------------------------------------|--|--|--|
| DEFENDANT | | | PLANTIFF | | | |
| PNC BANK | | | HERTIAGE UNION COMPANY | HERTIAGE UNION LIFE INSURANCE COMPANY | | |
| 2 N FRANKLIN ST | | | ATTORNEY | ATTORNEY | | |
| CHICAGO, IL 60606 | | | BURKE WARREN & | BURKE WARREN & MACKAY | | |
| 100 | | | 330 N WABASH 22ND FL | | | |
| | | | CHICAGO, IL 6061 | 1 | | |
| ATTACHED FEE AMOUNT: | | | (312) 840-7000 | (312) 840-7000 | | |
| SERVIC | EINFORMATION: | THIRD PARTY ANY OFFICER OR | BRANCH MANAGER | | | |
| I CERTI | FY THAT I SERVED TH | E DEFENDANT/RESPONDENT AS FOLL | .ows: | | | |
| | (1) PERSONAL SERV | ICE: | | | | |
| | BY LEAVING A COPY OF THE WRIT/ORDER WITH THE DEFENDANT/RESPONDENT PERSONALLY, AND INFORMING DEFENDANT/RESPONDENT OF CONTENTS. | | | | | |
| | (2) SUBSTITUTE SERVICE: | | | | | |
| | BY LEAVING A COPY OF THE SUMMONS AND COMPLAINT AT THE DEFENDANT'S USUAL PLACE OF ABODE WITH A FAMILY MEMBER OR PERSON RESIDING THERE, 13 YEARS OR OLDER, AND INFORMING THAT PERSON OF THE CONTENTS OF THE SUMMONS. ALSO, A COPY OF THE SUMMONS WAS MAILED TO THE DEFENDANT AT HIS OR HER USUAL PLACE OF ABODE ON THE DAY OF20 | | | | | |
| | (3) UNKNOWN OCCUPANTS: | | | | | |
| V | BY LEAVING A COPY OF THE SUMMONS AND COMPLAINT NAMING "UNKNOWN OCCUPANTS" WITH A PERSON OF THE AGE OF 13 OR UPWARDS OCCUPYING SAID PREMISE. | | | | | |
| | (4) CORP/CO/BUS/PART: | | | | | |
| | BY LEAVING THE APPROPRIATE NUMBER OF COPIES OF THE SUMMONS, COMPLAINTS, INTERROGATORIES, JUDGMENTS, CERTIFICATIONS AND NOTICES WITH THE REGISTERED AGENT, AUTHORIZED PERSON OR PARTNER OF THE DEFENDANT CORPORATION COMPANY BUSINESS PARTNERS IN PARTNERS IN (5) PROPERTY RECOVERED: | | | | | |
| | | | | | | |
| | NO ONE PRESENT TO RECEIVE ORDER OF COURT. ORDER POSTED IN PLAIN VIEW. | | | | | |
| | (6) S.O.S./D.O.I.: BY LEAVING THE SUMMONS AND COMPLAINT WITH THE SECRETARY OF THE STATE/DIRECTOR OF INSURANCE OF THE STATE OF ILLINOIS, AN AGENT OF SAID DEFENDANT LISTED ABOVE. ANY AGENT OF SAID CORPORATION NOT FOUND IN THE COUNTY OF COOK. (7) CERTIFIED MAIL ***** COMPLETE THIS SECTION IF WRIT IS A THIRD PARTY CITATION/GARNISHMENT ***** | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | NG ON THE DAY OF D NOTICE TO THE JUDGMENT DEBTOR'S L 'S OF SERVICE UPON GARNISHEE/THIRD F | AST KNOWN ADDRESS AS INDICATE | PARTY GARNISHMENT/CITATION D IN THE NOTICE WITHIN (2) | | |
| THE NAM | MED DEFENDANT WAS | NOT SERVED FOR THE GIVEN REASO | N BELOW: | | | |
| | (01) NO CONTACT | (05) WRONG ADD | RESS(| 09) DECEASED | | |
| | (02) MOVED (06) NO SUCH ADDR | | | | | |
| | (03) EMPTY LOT (07) EMPLOYER REFU | | | | | |
| | (04) NOT LISTED (08) CANCELLED BY PLAINTIFF ATTY (12) OTHER REASON (EXPLAIN) | | | | | |
| EXPLANA | TION: | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | |
| WRIT SERVED ON CASU DOUN IN DATE SEX: M(F) RACE: L/ AGE: 2 7 THIS 25 DAY OF 3 1 7 20 | | | | SERVICES (AM/PM) STAR # : 27A (1068) | | |
| Thomas J. Dart | | | | | | |
| SHERIFF, BY: 2 and 6613, DEPUTY : | | | | | | |