

SHERIFF'S OFFICE

CENTRE COUNTY

VAIF



Rm 101 Court House, Bellefonte, Pennsylvania, 16823 (814) 339-3333

SHERIFF SERVICE PROCESS RECEIPT, AND AFFIDAVIT OF RETURN		INSTRUCTIONS FOR SERVICE OF PROCESS: You must file one instruction sheet for each defendant. please type or print legibly. Do Not detach any copies.							
1. Plaintiff(s) GRAHAM B SPANIER		2. Case Number 12-2065							
3. Defendant(s) PENN STATE UNIVERSITY		4. Type of Writ or Complaint: COMPLAINT 510919							
5. Name of Individual, Company, Corporation, Etc., to Serve or Description of Property to be Levied, Attached or Sold. PENN STATE UNIVERSITY									
6. Address (Street or RFD, Apartment No., City, Boro, Twp., State and Zip Code) 208 OLD MAIN, UNIVERSITY PARK, PA 16802									
7. Indicate unusual service: <input type="checkbox"/> Reg Mail <input type="checkbox"/> Certified Mail <input type="checkbox"/> Deputize <input type="checkbox"/> Post <input type="checkbox"/> Other									
Now, _____ 20____ I SHERIFF OF CENTRE 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 Centre 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. Print/Type Name and Address of Attorney/Originator VAIRA & RILEY PC 1600 MARKET ST STE 2650 PHILADELPHIA, PA 19103-7226		10. Telephone Number (215) 751-2700 11. Date 12. Signature							
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.		SIGNATURE of Authorized CCSD Deputy of Clerk and Title							
14. Date Filed		15. Expiration/Hearing Date							
TO BE COMPLETED BY SHERIFF									
16. Served and made known to ELIZABETH SAUPP, on the 31 day of May 20 2012, at 9:10 AM o'clock, _____ m., at 208 OLD MAIN, UNIVERSITY PARK, PA 16802 County of Centre									
Commonwealth of Pennsylvania, in the manner described below: <input type="checkbox"/> Defendant(s) personally served. <input type="checkbox"/> Adult family member with whom said Defendant(s) resides(s). Relationship is ADMIN ASSISTANT <input type="checkbox"/> Adult in charge of Defendant's residence. <input type="checkbox"/> Manager/Clerk of place of lodging in which Defendant(s) resides(s). <input type="checkbox"/> Agent or person in charge of Defendant's office or usual place of business. _____ and officer of said Defendant company. Other _____									
On the _____ day of _____, 20____, at _____ o'clock, _____ M.									
Defendant not found because: <input type="checkbox"/> Moved <input type="checkbox"/> Unknown <input type="checkbox"/> No Answer <input type="checkbox"/> Vacant <input type="checkbox"/> Other _____									
Remarks:									
Advance Costs 75.00	Docket 9.00	Service 9.00	Sur Charge 10.00	Affidavit 2.50	Mileage 20.00	Postage	Misc.	Total Costs 50.50	Costs Due or Refund (24.50)
17. AFFIRMED and subscribed to before me this 31 day of MAY 20 12 Carrie Peters Notary Public				So Answer. 18. Signature of Dep. Sheriff 19. Date 31 MAY 12 21. Signature of Sheriff 22. Date					
My Commission Expires				SHERIFF OF CENTRE COUNTY Amount Pd. Page				25. Date Received	
24. I ACKNOWLEDGE RECEIPT OF THE SHERIFF'S RETURN SIGNATURE OF AUTHORIZED AUTHORITY AND TITLE.									