

19 March

# AFFIDAVIT OF SERVICE

STATE OF NEW YORK, COUNTY OF New York

The undersigned being duly sworn, deposes and says:  
The deponent is not a party to the action and is over 18 years of age. That on 5/22 <sup>2002</sup>  
at 245 A.M./P.M. at 19 Church St. "Century 21 Inc."  
deponent served the within ORDER on the respondent named therein.

1. Individual personal service

☐ by delivering a true copy to said respondent personally

2. Individual substituted service

☒ by delivering a true copy to \_\_\_\_\_  
a person of suitable age and discretion. Said premises is respondent's actual place of business-dwelling  
house or usual place of abode within the state.

3. Corporation

☒ by delivering a true copy to Charles Mullins  
Operations Manager at said corporation.  
(Position)

4. Delivery to employee at premises

☒ At 245 A.M./P.M. on 5/22/02 at 19 Church St.

I attempted to personally serve the herein ORDER on the respondent named herein but was unable to do because:

☐ having attempted entry to the premises, I found the premises locked and no one responded to any  
bells, knocks, or calls;

☒ having entered the premises and having identified myself, I was:

☒ advised by Charles Mullins that the respondent was not then present  
(Name)

☐ unable to secure identification of the person(s) present;

☐ advised by \_\_\_\_\_ that no officer, director, managing  
(Name)

agent or general agent of the respondent was present;

☐ service could not be made because \_\_\_\_\_

Thereupon, I delivered a copy of the herein ORDER to \_\_\_\_\_  
whom I believe to be an employee of respondent at the premises because:

☒ Employee so identified  
himself/herself

☒ Employee was performing work  
consistent with being employed  
by the respondent

☐ Other \_\_\_\_\_

Description of individual - (this must be completed for all types of service except corporation)

Deponent describes the individual as follows:

|                                          |                                                |                                               |                                             |                                                |                                               |
|------------------------------------------|------------------------------------------------|-----------------------------------------------|---------------------------------------------|------------------------------------------------|-----------------------------------------------|
| <input checked="" type="checkbox"/> male | <input checked="" type="checkbox"/> white skin | <input type="checkbox"/> Black hair           | <input type="checkbox"/> 14 - 20 yrs        | <input type="checkbox"/> Under 5'              | <input type="checkbox"/> Under 100 lbs        |
| <input type="checkbox"/> female          | <input type="checkbox"/> black skin            | <input type="checkbox"/> Brown hair           | <input type="checkbox"/> 21 - 35            | <input type="checkbox"/> 50"-53"               | <input type="checkbox"/> 101 - 130            |
|                                          | <input type="checkbox"/> yellow skin           | <input type="checkbox"/> Blond hair           | <input type="checkbox"/> 36 - 50            | <input type="checkbox"/> 54"-58"               | <input type="checkbox"/> 131 - 160            |
|                                          | <input type="checkbox"/> brown skin            | <input type="checkbox"/> Red hair             | <input checked="" type="checkbox"/> 51 - 65 | <input checked="" type="checkbox"/> 59" - 6'0" | <input checked="" type="checkbox"/> 161 - 200 |
|                                          | <input type="checkbox"/> red skin              | <input checked="" type="checkbox"/> Gray hair | <input type="checkbox"/> Over 65            | <input type="checkbox"/> Over 6'               | <input type="checkbox"/> Over 200             |
|                                          |                                                | <input type="checkbox"/> White hair           |                                             |                                                |                                               |
|                                          |                                                | <input type="checkbox"/> Balding              |                                             |                                                |                                               |

Other identifying characteristic: \_\_\_\_\_

5. Service by Mail

☐ By mailing a true copy to respondent by depositing or causing to be deposited the same, in a post paid  
wrapper, in a post office station regularly maintained by the U.S. Postal Service.

SWORN TO BEFORE ME ON THE

\_\_\_\_\_ DAY OF \_\_\_\_\_ 19\_\_

Robert M. Chicola  
SIGNATURE  
Robert M. Chicola  
PRINT NAME

DETA - White

LEGAL - Pink

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☒ by delivering a true copy to Charles MullinsOperations Manager

(Position)

at said corporation.

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(Name)

☐ unable to secure identification of the person(s) present;☐ advised by \_\_\_\_\_ that no officer, director, managing

(Name)

agent or general agent of the respondent was present;

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whom I believe to be an employee of respondent at the premises because:

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himself/herself☒ Employee was performing work  
consistent with being employed  
by the respondent☐ Other \_\_\_\_\_

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|                                          |                                                |                                               |                                      |                                     |                                               |
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|                                          | <input type="checkbox"/> yellow skin           | <input type="checkbox"/> Blond hair           | <input type="checkbox"/> 36 - 50     | <input type="checkbox"/> 54"-58"    | <input type="checkbox"/> 131 - 160            |
|                                          | <input type="checkbox"/> brown skin            | <input type="checkbox"/> Red hair             | <input type="checkbox"/> 51 - 65     | <input type="checkbox"/> 59" - 6'0" | <input checked="" type="checkbox"/> 161 - 200 |
|                                          | <input type="checkbox"/> red skin              | <input checked="" type="checkbox"/> Gray hair | <input type="checkbox"/> Over 65     | <input type="checkbox"/> Over 6'    | <input type="checkbox"/> Over 200             |
|                                          |                                                | <input type="checkbox"/> White hair           |                                      |                                     |                                               |
|                                          |                                                | <input type="checkbox"/> Balding              |                                      |                                     |                                               |

Other identifying characteristic: \_\_\_\_\_

## 5. Service by Mail

☐ By mailing a true copy to respondent by depositing or causing to be deposited the same, in a post paid wrapper, in a post office station regularly maintained by the U.S. Postal Service.

SWORN TO BEFORE ME ON THE

\_\_\_\_ DAY OF \_\_\_\_\_ 19\_\_\_\_

SIGNATURE

PRINT NAME

Robert M. Chisolm  
Robert M. Chisolm

DETA - White

RESPONDENT - Yellow

LEGAL - Pink

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STATE OF NEW YORK, COUNTY OF New York

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(Name)☐ unable to secure identification of the person(s) present;☐ advised by \_\_\_\_\_ that no officer, director, managing  
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| <input type="checkbox"/> female          | <input type="checkbox"/> black skin            | <input type="checkbox"/> Brown hair           | <input type="checkbox"/> 21 - 35            | <input type="checkbox"/> 5'0"-5'3"              | <input type="checkbox"/> 101 - 130            |
|                                          | <input type="checkbox"/> yellow skin           | <input type="checkbox"/> Blond hair           | <input type="checkbox"/> 36 - 50            | <input type="checkbox"/> 5'4"-5'8"              | <input type="checkbox"/> 131 - 160            |
|                                          | <input type="checkbox"/> brown skin            | <input type="checkbox"/> Red hair             | <input checked="" type="checkbox"/> 51 - 65 | <input checked="" type="checkbox"/> 5'9" - 6'0" | <input checked="" type="checkbox"/> 161 - 200 |
|                                          | <input type="checkbox"/> red skin              | <input checked="" type="checkbox"/> Gray hair | <input type="checkbox"/> Over 65            | <input type="checkbox"/> Over 6'                | <input type="checkbox"/> Over 200             |
|                                          |                                                | <input type="checkbox"/> White hair           |                                             |                                                 |                                               |
|                                          |                                                | <input type="checkbox"/> Balding              |                                             |                                                 |                                               |

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SWORN TO BEFORE ME ON THE

\_\_\_\_ DAY OF \_\_\_\_\_ 19 \_\_\_\_

SIGNATURE

PRINT NAME

DETA - White

LEGAL - Pink