

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  
 Ilene Kurtzman (Bar#121675)  
 Michael T. Chulak & Associates  
 30343 Canwood Street, Suite 203  
 Agoura Hills, CA 91301  
 TELEPHONE NO.: (818)991-9019 FAX NO. (Optional):  
 E-MAIL ADDRESS (Optional):  
 ATTORNEY FOR (Name): Plaintiff

FOR COURT USE ONLY  
 VENTURA COUNTY  
 SUPERIOR AND MUNICIPAL COURTS  
**FILED by FAX**

CASE NUMBER  
 56-2009-00354966-CU-OR-SIM

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Ventura  
 STREET ADDRESS: 3855-F Alamo Street  
 MAILING ADDRESS: same  
 CITY AND ZIP CODE: Simi Valley, CA 93063  
 BRANCH NAME: East County

PLAINTIFF/PETITIONER: Robert H. Everett  
 DEFENDANT/RESPONDENT: Shadow Oaks Condominium Association

**REQUEST FOR DISMISSAL**  
 Personal Injury, Property Damage, or Wrongful Death  
 Motor Vehicle  Other  
 Family Law  Eminent Domain  
 Other (specify) : Breach of CCR's; Breach of Fiduciary Duty

- A conformed copy will not be returned by the clerk unless a method of return is provided with the document. -

1. TO THE CLERK: Please dismiss this action as follows:
- a. (1)  With prejudice (2)  Without prejudice
  - b. (1)  Complaint (2)  Petition
  - (3)  Cross-complaint filed by (name):
  - (4)  Cross-complaint filed by (name):
  - (5)  Entire action of all parties and all causes of action
  - (6)  Other (specify):\*

on (date):  
 on (date):

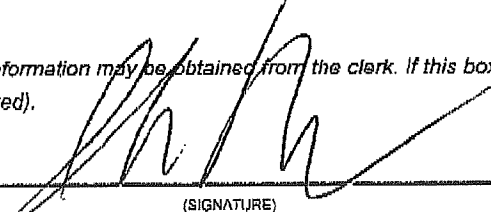
2. (Complete in all cases except family law cases.)

Court fees and costs were waived for a party in this case. (This information may be obtained from the clerk. If this box is checked, the declaration on the back of this form must be completed).

Date:

Ilene Kurtzman

(TYPE OR PRINT NAME OF  ATTORNEY  PARTY WITHOUT ATTORNEY)

  
 (SIGNATURE)


\*If dismissal requested is of specified parties only of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

Attorney or party without attorney for:  
 Plaintiff/Petitioner  Defendant/Respondent  
 Cross-Complainant

3. TO THE CLERK: Consent to the above dismissal is hereby given.\*\*

Date:

(TYPE OR PRINT NAME OF  ATTORNEY  PARTY WITHOUT ATTORNEY)

  
 (SIGNATURE)

\*\* If a cross-complaint - or Response (Family Law) seeking affirmative relief - is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581 (1) or (l).

Attorney or party without attorney for:  
 Plaintiff/Petitioner  Defendant/Respondent  
 Cross-Complainant

(To be completed by clerk)

- 4.  Dismissal entered as requested on (date):
- 5.  Dismissal entered on (date): as to only (name):
- 6.  Dismissal not entered as requested for the following reasons (specify):
- 7. a.  Attorney or party without attorney notified on (date):
- b.  Attorney or party without attorney not notified. Filing party failed to provide  a copy to be conformed  means to return conformed copy

Date:

Clerk, by \_\_\_\_\_, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address). Ilene Kurtzman, Esq. (Bar#121675) Michael T. Chulak & Associates 30343 Canwood Street, Suite 203 Agoura Hills, CA 91301 TELEPHONE NO.: (818)991-9019 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Plaintiffs</b>	FOR COURT USE ONLY VENTURA COUNTY SUPERIOR AND MUNICIPAL COURTS <b>FILED by FAX</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Ventura STREET ADDRESS: 3855- F Alamo St MAILING ADDRESS: same CITY AND ZIP CODE: Simi Valley, CA 93063 BRANCH NAME: East County	
PLAINTIFF/PETITIONER: Marion Patricia Wolski et al. DEFENDANT/RESPONDENT: Shadow Oaks Condominium	
<b>REQUEST FOR DISMISSAL</b> <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input checked="" type="checkbox"/> Other (specify): Breach of CCR's; Breach of Fiduciary Duty	CASE NUMBER: 56-2009-00354962-CU-OR-SIM
- A conformed copy will not be returned by the clerk unless a method of return is provided with the document. -	

1. TO THE CLERK: Please dismiss this action as follows:
- a. (1)  With prejudice (2)  Without prejudice
  - b. (1)  Complaint (2)  Petition
  - (3)  Cross-complaint filed by (name):
  - (4)  Cross-complaint filed by (name):
  - (5)  Entire action of all parties and all causes of action
  - (6)  Other (specify):\*

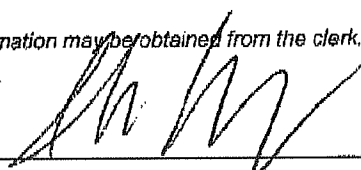
on (date):  
on (date):

2. (Complete in all cases except family law cases.)

Court fees and costs were waived for a party in this case. (This information may be obtained from the clerk. If this box is checked, the declaration on the back of this form must be completed).

Date:

Ilene Kurtzman, Esq.

  
 (SIGNATURE)

(TYPE OR PRINT NAME OF  ATTORNEY  PARTY WITHOUT ATTORNEY)

\*If dismissal requested is of specified parties only or of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

Attorney or party without attorney for:

- Plaintiff/Petitioner  Defendant/Respondent  
 Cross-Complainant

3. TO THE CLERK: Consent to the above dismissal is hereby given.\*\*

Date:

(TYPE OR PRINT NAME OF  ATTORNEY  PARTY WITHOUT ATTORNEY)

\*\* If a cross-complaint - or response (Family Law) seeking affirmative relief - is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581 (i) or (j).

Attorney or party without attorney for:

- Plaintiff/Petitioner  Defendant/Respondent  
 Cross-Complainant

(To be completed by clerk)

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- 5.  Dismissal entered on (date): as to only (name):
- 6.  Dismissal not entered as requested for the following reasons (specify):
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- b.  Attorney or party without attorney not notified. Filing party failed to provide  a copy to be conformed  means to return conformed copy

Date:

Clerk, by \_\_\_\_\_, Deputy