

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Demian I. Oksenendler (SBN #233416) Mannion & Lowe, 655 Montgomery St., #1200, San Francisco, CA 94111 TELEPHONE NO. (415) 733-1050 FAX NO. (Optional) (415) 434-4810 E-MAIL ADDRESS (Optional) demian@mannonlowe.com ATTORNEY FOR (Name) Plaintiff Ronda Rigamonti	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco STREET ADDRESS 400 McAllister St. MAILING ADDRESS Same CITY AND ZIP CODE San Francisco, 94102 BRANCH NAME Unlimited Jurisdiction	
PLAINTIFF/PETITIONER: Vera Gragnani and Estate of Michael Gragnani DEFENDANT/RESPONDENT: Clarendon National Insurance Co., et al.	
REQUEST FOR DISMISSAL	CASE NUMBER CGC-10-506228
A conformed copy will not be returned by the clerk unless a method of return is provided with the document.	
This form may not be used for dismissal of a derivative action or a class action or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.760 and 3.770.)	

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):* All causes of action against Mediatechnics Corp. ONLY

on (date):

on (date):

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

The court ☐ did ☒ did not waive court fees and costs for a party in this case. (This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed).

Date: May 27, 2016

Demian I. Oksenendler (SBN #233416)

(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 (i) or (j).

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): Demián I. Oksenendler (SBN #233416) Mannion & Lowe, 655 Montgomery St., #1200, San Francisco, CA 94111 TELEPHONE NO: (415) 733-1050 FAX NO. (Optional): (415) 434-4810 E-MAIL ADDRESS (Optional): demian@mannonlowe.com ATTORNEY FOR (Name): Plaintiff Ronda Rigamonti	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco STREET ADDRESS: 400 McAllister St. MAILING ADDRESS: Same CITY AND ZIP CODE: San Francisco, 94102 BRANCH NAME: Unlimited Jurisdiction	
PLAINTIFF/PETITIONER: Ronda Rigamonti DEFENDANT/RESPONDENT: Liberty Mutual Fire Insurance Co., et al.	
REQUEST FOR DISMISSAL	CASE NUMBER: CGC-10-506290
A conformed copy will not be returned by the clerk unless a method of return is provided with the document.	
This form may not be used for dismissal of a derivative action or a class action or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.760 and 3.770.)	

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):* All causes of action against Mediatechnics Corp. ONLY

on (date):

on (date):

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

The court ☐ did ☒ did not waive court fees and costs for a party in this case. (This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed).

Date: May 27, 2016

Demián I. Oksenendler (SBN #233416)
 (TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

(SIGNATURE)

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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)

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Date:

Clerk, by _____, Deputy