



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN FRANCISCO**

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Case Number: CUD-15-651036

Filing Date: Apr-27-2015 11:09

Filed by: MICHAEL RAYRAY

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DISMISSAL

THOMAS NICHOLSON VS. RONALD NEWMAN ET AL

001C04886307

Instructions:

Please place this sheet on top of the document to be scanned.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): SBN 045210
ROBERT P. GATES, ESQ. ERSKINE & TULLEY, A PROF. CORP.
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 TELEPHONE NO.: 415-392-5431 FAX NO. (Optional): 415-392-1978
 E-MAIL ADDRESS (Optional): attgates@pacbell.net

ATTORNEY FOR (Name): Plaintiffs

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO
 STREET ADDRESS: 400 McAllister Street
 MAILING ADDRESS: 400 McAllister Street, 1st Floor
 CITY AND ZIP CODE: San Francisco, California 94102
 BRANCH NAME:

PLAINTIFF/PETITIONER: THOMAS NICHOLSON/ELIZABETH NICHOLSON
 DEFENDANT/RESPONDENT: RONALD NEWMAN

REQUEST FOR DISMISSAL

FOR COURT USE ONLY

F I L E D
 Superior Court of California
 County of San Francisco

APR 27 2015

CLERK OF THE COURT

BY: *[Signature]*, Deputy Clerk

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): *

on (date): _____

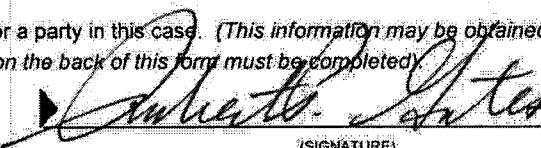
on (date): _____

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: April 25, 2015

Robert P. Gates, ERSKINE & TULLEY, P.C.

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)(SIGNATURE): 

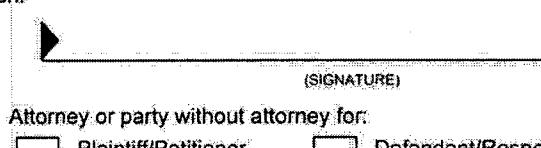
*If dismissal requested is of specified parties only of specified causes of action only, or of specified cross-complainants only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

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): _____**BY FAX**

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 _____