

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

Alan R. Brayton, Esq (Bar #73685)

Brayton <> Purcell

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TELEPHONE NO. (415) 898-1555

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): Plaintiff, YSIDRO LIMON, SR.

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco

STREET ADDRESS: 400 McAllister Street

MAILING ADDRESS:

CITY AND ZIP CODE: San Francisco 94102

BRANCH NAME:

ELECTRONICALLY
FILEDSuperior Court of California,
County of San Francisco08/24/2016
Clerk of the Court

BY: DAVID YUEN

Deputy Clerk

PLAINTIFF/PETITIONER: YSIDRO LIMON, SR.

DEFENDANT/RESPONDENT: AMCORD, INC., et al.

REQUEST FOR DISMISSAL

CASE NUMBER: CGC-15-276378

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 prejudiceb. (1) Complaint (2) Petition(3) Cross-complaint filed by (name):

on (date):

(4) Cross-complaint filed by (name):

on (date):

(5) Entire action of all parties and all causes of action(6) Other (specify):* As to defendant METROPOLITAN LIFE INSURANCE COMPANY only, with a mutual waiver of costs.

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: August 9, 2016

Alan R. Brayton



for Alan R. Brayton

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

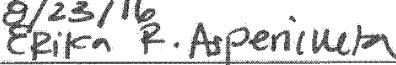
(SIGNATURE)

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: 8/23/16

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

(SIGNATURE)

Metropolitan Life Attorney or party without attorney for: Insurance Company

 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

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PLAINTIFF/PETITIONER: YSIDRO LIMON, SR.

CASE NUMBER:

DEFENDANT/RESPONDENT: AMCORD, INC., et al.

CGC-15-276378

COURT'S RECOVERY OF WAIVED COURT FEES AND COSTS

If a party whose court fees and costs were initially waived has recovered or will recover \$10,000 or more in value by way of settlement, compromise, arbitration award, mediation settlement, or other means, the court has a statutory lien on that recovery. The court may refuse to dismiss the case until the lien is satisfied. (Gov. Code, § 68637.)

Declaration Concerning Waived Court Fees

1. The court waived court fees and costs in this action for (*name*): _____
2. The person named in item 1 is (*check one below*):
 - a. not recovering anything of value by this action.
 - b. recovering less than \$10,000 in value by this action.
 - c. recovering \$10,000 or more in value by this action. (*If item 2c is checked, item 3 must be completed.*)
3. All court fees and court costs that were waived in this action have been paid to the court (*check one*): Yes No

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____



(TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION)

(SIGNATURE)