

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
SEAN M. BRYN (SBN 173371)
LUNA & GLUSHON, 16255 Ventura Blvd., Ste. 950, Encino, CA 91436
TELEPHONE NO.: (818) 907-8755 FAX NO. (Optional): (818) 907-8760
E-MAIL ADDRESS (Optional): sbryn@lunaglushon.com
ATTORNEY FOR (Name): Plaintiff, Robert L. Glushon

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles
STREET ADDRESS: 111 N. Hill Street
MAILING ADDRESS: The same
CITY AND ZIP CODE: Los Angeles, CA 90012
BRANCH NAME: Stanley Mosk Courthouse

RECEIVED
FEB 22 2016
FILING WINDOW
FILED
Superior Court of California
County of Los Angeles
FEB 23 2016

PLAINTIFF/PETITIONER: Robert L. Glushon
DEFENDANT/RESPONDENT: Douglas Emmett 1997, LLC, et al.

By Veronica Solis Deputy
Sherrri R. Carter, Executive Officer/Clerk

REQUEST FOR DISMISSAL

CASE NUMBER: BC598918 / 28

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): _____ on (date): _____
 - (4) Cross-complaint filed by (name): _____ on (date): _____
 - (5) Entire action of all parties and all causes of action
 - (6) Other (specify):*

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: February 19, 2016
SEAN M. BRYN
(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY) _____ (SIGNATURE)
Sean M Bryn

*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): FEB 23 2016

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: FEB 23 2016
Clerk by: SHERRI R. CARTER
Deputy: VERONICA SOLIS

PLAINTIFF/PETITIONER: Robert L. Glushon DEFENDANT/RESPONDENT: Douglas Emmett 1997, LLC, et al.	CASE NUMBER: BC598918
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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)

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PROOF OF SERVICE
STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

I am employed in the County of Los Angeles, State of California. I am over the age of 18 and not a party to the within action; my business address is 21600 Oxnard Street, Suite 2060, Woodland Hills, California 91367.

On February 22, 2016, I served the foregoing documents described as

REQUEST FOR DISMISSAL

on all interested parties in this action:

(X) by placing the true copies thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at Woodland Hills, California addressed as follows:

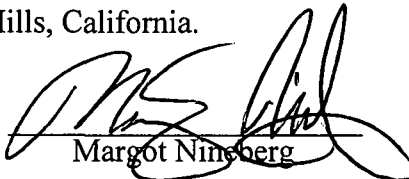
() by personal service I delivered such envelope by hand, as follows:

Robert L. Glushon, Esq.
Kristina Kropp, Esq.
LUNA & GLUSHON
16255 Ventura Blvd., Suite 1016
Encino, California 91436
Attorney for Plaintiff, ROBERT L. GLUSHON

(X) (State) I declare under penalty of perjury under the law of the State of California that the above is true and correct.

() (Federal) I declare that I am employed in the office of member of the bar of this court at whose direction the service was made.

Executed on February 22, 2016, at Woodland Hills, California.


Margot Nimeberg

**** (For personal service signature must be that of messenger)**