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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): PHILIP M. COLAVITO and DEAN C. SEYMOUR 720 North Dry Falls Road Palm Springs, CA 92262 TELEPHONE NO.: (760) 325-0161 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): In Pro Per | FOR COURT USE ONLY JJG OCT 24 2012 FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE OCT 22 2012 Y. REEVES |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 46-200 Oasis Street MAILING ADDRESS: 46-200 Oasis Street CITY AND ZIP CODE: Indio, CA 92201 BRANCH NAME: INDIO | |
| PLAINTIFF/PETITIONER: Philip M. Colavito, et al. DEFENDANT/RESPONDENT: Joel R. Bonds, et al. | |
| REQUEST FOR DISMISSAL <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 Contract, Failure to Disclose, Fraud, etc. | CASE NUMBER: INC 10005449 |

- 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):* Complaint against Windermere Real Estate Services Co., Charles Stewart Smith and Bennion & Deville Fine Homes, Inc. dba Windermere Real Estate Coachella Valley.

on (date):
on (date):

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

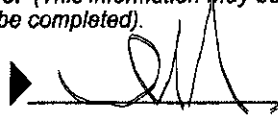
- Court fees and costs were waived for a party in this case. (This information may be obtained from the clerk. If this box is checked, the declaration on the back of this form must be completed).

Date: September 10, 2012

PHILIP M. COLAVITO and DEAN C. SEYMOUR

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

*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.

 Philip M. Colavito
 (SIGNATURE)

Attorney or party without attorney for: PHILIP M. COLAVITO and DEAN C. SEYMOUR

- 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)

Attorney or party without attorney for:

** 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).

- Plaintiff/Petitioner Defendant/Respondent
- Cross-Complainant

(To be completed by clerk)

- 4. Dismissal entered as requested on (date) **OCT 22 2012**
- 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: **OCT 22 2012** Clerk, by _____, Deputy

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| PLAINTIFF/PETITIONER: Philip M. Colavito, et al. | CASE NUMBER: INC 10005449 |
| DEFENDANT/RESPONDENT: Joel R. Bonds, et al. | |

Declaration Concerning Waived Court Fees

The court has a statutory lien for waived fees and costs on any recovery of \$10,000 or more in value by settlement, compromise, arbitration award, mediation settlement, or other recovery. The court's lien must be paid before the court will dismiss the case.

1. The court waived fees and costs in this action for *(name)*:
2. The person in item 1 *(check one)*:
 - a. is not recovering anything of value by this action.
 - b. is recovering less than \$10,000 in value by this action.
 - c. is 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 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)