ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
Jerry Kaplan, Esq., Bar No. 49142
Joan Kenegos, Esq., Bar No. 94015
KAPLAN, KENEGOS & KADIN
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Beverly Hills, Ca 90212
TELEPHONE NO.: (310) 859-7700 FAX NO. (Optional):
E-MAIL ADDRESS (Optional):
ATTORNEY FOR (Name): Plaintiffs

FOR COURT USE ONLY

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES
DEC 19 2012
John A. Clarke, Executive Officer/Clerk
By [signature], Deputy
GLORIETTA ROBINSON

SUPERIOR COURT OF CALIFORNIA, COUNTY OF
STREET ADDRESS: 111 N. Hill Street
MAILING ADDRESS:
CITY AND ZIP CODE: Los Angeles, Ca 90012
BRANCH NAME: Central District

PLAINTIFF/PETITIONER: Lee Caplin, Gita Caplin and Daniel Caplin
DEFENDANT/RESPONDENT: Jennifer Lynch, and Does 1 to 100,

NOTICE OF SETTLEMENT OF ENTIRE CASE

CASE NUMBER: BC470686
JUDGE: Hon. Robert L. Hess
DEPT.: "24"

NOTICE TO PLAINTIFF OR OTHER PARTY SEEKING RELIEF

You must file a request for dismissal of the entire case within 45 days after the date of the settlement if the settlement is **unconditional.** You must file a dismissal of the entire case within 45 days after the date specified in item 1b below if the settlement is **conditional.** Unless you file a dismissal within the required time or have shown good cause before the time for dismissal has expired why the case should not be dismissed, the court will dismiss the entire case.

To the court, all parties, and any arbitrator or other court-connected ADR neutral involved in this case:

1. This entire case has been settled. The settlement is:
   a. [x] **Unconditional.** A request for dismissal will be filed within 45 days after the date of the settlement. Date of settlement: December 17, 2012
   b. [ ] **Conditional.** The settlement agreement conditions dismissal of this matter on the satisfactory completion of specified terms that are not to be performed within 45 days of the date of the settlement. A request for dismissal will be filed no later than *(date):*
2. Date initial pleading filed: September 30, 2012
3. Next scheduled hearing or conference: Post Mediation Status Conference
   a. Purpose:
   b. [x] (1) Date: 12/20/12
      (2) Time: 8:30 a.m.
      (3) Department: "54"
4. Trial date:
   a. [x] No trial date set.
   b. [ ] (1) Date:
      (2) Time:
      (3) Department:

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

Date: December 18, 2012

Jerry Kaplan, Esq., Bar No. 49142
(TYPE OR PRINT NAME OF [x] ATTORNEY [ ] PARTY WITHOUT ATTORNEY)

[signature]
(SIGNATURE)

PLAINTIFF/PETITIONER: Lee Caplin, Gita Caplin and Daniel Caplin DEFENDANT/RESPONDENT: Jennifer Lynch, and Does 1 to 100,	CASE NUMBER: BC470686

PROOF OF SERVICE BY FIRST-CLASS MAIL

NOTICE OF SETTLEMENT OF ENTIRE CASE

(NOTE: You cannot serve the* Notice of Settlement of Entire Case *if you are a party in the action. The person who served the notice must complete this proof of service.)

1. I am at least 18 years old and **not a party to this action.** I am a resident of or employed in the county where the mailing took place, and my residence or business address is *(specify):*
   9150 Wilshire Blvd., Suite 175, Beverly Hills, Ca 9021

2. I served a copy of the *Notice of Settlement of Entire Case* by enclosing it in a sealed envelope with postage fully prepaid and *(check one):*
   a. [ ] deposited the sealed envelope with the United States Postal Service.
   b. [x] placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

3. The *Notice of Settlement of Entire Case* was mailed:
   a. on *(date):* December 18, 2012
   b. from *(city and state):* Beverly Hills, Ca 90212

4. The envelope was addressed and mailed as follows:

   a. Name of person served: Lucy H. Mekhael, Esq., NEMECEK & COLE
   Street address: 15260 Ventura Blvd., Suite 920
   City: Sherman Oaks,
   State and zip code: Ca 91403

   c. Name of person served:
   Street address:
   City:
   State and zip code:

   b. Name of person served:
   Street address:
   City:
   State and zip code:

   d. Name of person served:
   Street address:
   City:
   State and zip code:

   [ ] Names and addresses of additional persons served are attached. *(You may use form POS-030(P).)*

5. Number of pages attached _____ .

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

Date: December 18, 2012

Maria Sandoval
(TYPE OR PRINT NAME OF DECLARANT)

Maria Sandoval
(SIGNATURE OF DECLARANT)