ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*
Paul E. Gaspari 76496, Audrey A. Millemann 124954
Weintraub Tobin Chediak Coleman Grodin, Law Corporation
475 Sansome Street, Suite 510
San Francisco, CA 94111
TELEPHONE NO.: (415) 433-1400 FAX NO.: (415) 433-3883
E-MAIL ADDRESS: pgaspari@weintraub.com, amillemann@weintraub.com
ATTORNEY FOR *(Name):* The Romanian Orthodox Episcopate of America

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES
STREET ADDRESS: 111 North Hill Street
MAILING ADDRESS:
CITY AND ZIP CODE: Los Angeles 90012
BRANCH NAME: Stanley Mosk Courthouse

PLAINTIFF/PETITIONER: The Romanian Orthodox Episcopate of America
DEFENDANT/RESPONDENT: Holy Trinity Romanian American Orthodox Church

NOTICE OF ENTRY OF DISMISSAL AND PROOF OF SERVICE

- ☐ **Personal Injury, Property Damage, or Wrongful Death**
  - ☐ **Motor Vehicle** ☐ **Other**
- ☐ **Family Law**
- ☐ **Eminent Domain**
- ☒ **Other** *(specify):* Declaratory Relief, Quiet Title, Accounting, Constructive Trust

CASE NUMBER:
24STCV14954

TO ATTORNEYS AND PARTIES WITHOUT ATTORNEYS: A dismissal was entered in this action by the clerk as shown on the *Request for Dismissal*. *(Attach a copy completed by the clerk.)*
Date: January 2, 2026

Audrey A. Millemann ▶ Audrey A. Millemann
(TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY) (SIGNATURE)

PROOF OF SERVICE

1. I am over the age of 18 and not a party to this cause. My residence or business address is:
   400 Capitol Mall, 11th Floor, Sacramento, CA 95814
2. ☐ I am a resident of or employed in the county where the mailing occurred. I served a copy of the *Notice of Entry of Dismissal* and *Request for Dismissal* by mailing them, in a sealed envelope with postage fully prepaid, as follows:
   a. ☐ I deposited the envelope with the United States Postal Service.
   b. ☐ I placed the envelope for collection and processing for mailing following this business's ordinary practice 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.
   c. Date of deposit: d. Place of deposit *(city and state):*
   e. Addressed as follows *(name and address):*
3. ☐ I served a copy of the *Notice of Entry of Dismissal and Request for Dismissal* by personally delivering copies as shown below:
   a. Name of person served:
   b. Address at which person served:
   c. On (*date*): d. At (*time*):
4. ☒ I served a copy of the *Notice of Entry of Dismissal* and *Request for Dismissal* by electronically serving copies as shown below *(complete if electronic service is used based on a court order or agreement of the parties):*
   a. Name of person served: Matt Oster and Eric A. Westlund
   b. Electronic service address of person served: MOster@wrslawyers.com; ewestlund@wrslawyers.com
   c. On (*date*): January 2, 2026 d. At (*time*): 11:15 a.m.
   e. Electronic service address from which I served the documents:
   ☐ Proof of electronic service is attached.
5. ☐ Proof of service on additional parties is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date: January 2, 2026

Deseree Aguillen ▶ Deseree Aguillen
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use
Judicial Council of California
CIV-120 [Rev. January 1, 2012]

NOTICE OF ENTRY OF DISMISSAL AND PROOF OF SERVICE

Code of Civil Procedure, § 581 et seq.;
Cal. Rules of Court, rule 3.1390
www.courts.ca.gov

Electronically Received 12/30/2025 08:44 AM

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER:
NAME: Paul E. Gaspari 76496, Audrey A. Millemann 124954
FIRM NAME: Weintraub Tobin Chediak Coleman Grodin, Law Corporation
STREET ADDRESS: 475 Sansome Street, Suite 510
CITY: San Francisco STATE: CA ZIP CODE: 94111
TELEPHONE NO.: (415) 433-1400 FAX NO.: (415) 433-3883
EMAIL ADDRESS: pgaspari@weintraub.com, amillemann@weintraub.com
ATTORNEY FOR *(name)*: Plaintiff The Romanian Orthodox Episcopate of America

FOR COURT USE ONLY

FILED
Superior Court of California
County of Los Angeles
12/30/2025
David W. Slayton, Executive Officer / Clerk of Court
By: R. Manzo Deputy

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES
STREET ADDRESS: 111 North Hill Street
MAILING ADDRESS:
CITY AND ZIP CODE: Los Angeles 90012
BRANCH NAME: Stanley Mosk Courthouse

PLAINTIFF/PETITIONER: The Romanian Orthodox Episcopate of America
DEFENDANT/RESPONDENT: Holy Trinity Romanian American Orthodox Church

REQUEST FOR DISMISSAL

CASE NUMBER: 24STCV14954

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 (3) ☐ Without prejudice and with the court retaining jurisdiction (Code Civ. Proc., § 664.6)
   b. (1) ☒ Complaint (2) ☐ Petition
      (3) ☐ Cross-complaint filed on *(date):* by *(name):*
      (4) ☐ Cross-complaint filed on *(date):* by *(name):*
      (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: December 30, 2025

Audrey A. Millemann
(TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

▶ Audrey A. Millemann
(SIGNATURE)

Attorney or party without attorney for
☒ Plaintiff/Petitioner ☐ Defendant/Respondent
☐ Cross-Complainant

* 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

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
☐ Plaintiff/Petitioner ☐ Defendant/Respondent
☐ Cross-Complainant

† If item 1a(3) is checked, all parties must sign.
If a cross-complaint—or *Response—Marriage/Domestic Partnership* (form FL-120) 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).

☐ Check here and use form MC-025 or a separate page for additional signatures. Include date, printed name, and party information.

4. ☑ Dismissal entered as requested on *(date):* 12/31/2025
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):* 12/31/2025
   b. ☐ Attorney or party without attorney not notified. Filing party failed to provide
      ☐ a copy to be conformed ☐ means to return conformed copy

David W. Slayton, Executive Officer / Clerk of Court
Date: 12/31/2025 Clerk, by R. Manzo, Deputy

PLAINTIFF/PETITIONER: The Romanian Orthodox Episcopate of America DEFENDANT/RESPONDENT: Holy Trinity Romanian American Orthodox Church	CASE NUMBER: 24STCV14954

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)