



MDS ASSETS RECOVERY, LLC.
222 Broadway 19th Floor New York NY 10038
Email: Assets@mds-recovery.com
Tel 800-MDS-5692 Fax 646-859-5563

Claim for Abandoned Property

BETTY T. YEE
CALIFORNIA STATE, CONTROLLER'S OFFICE
UNCLAIMED PROPERTY DIVISION
P.O. BOX 942850
SACRAMENTO, CA 94250-5873

SECTION I

DESCRIPTION OF FUNDS, ETC., DUE OWNERS

DATE

CONTROLLER'S ACCOUNT NUMBER

MDS Assets Recovery LLC
222 Broadway 19th Fl
New York NY 10038

HOLDER:

SECTION II

REQUIRED PROOF MUST BE RETURNED WITH THIS FORM

The checked items below must be returned with this form in support of your claim. If any item(s) are not submitted, your claim package will be returned. You may reopen this file by returning the claim form and all required documentation to this office.

1. ☒ NOTARIZATION REQUIRED - If claim amount is \$1,000 or greater, or is stock, security property, or safe-deposit box
2. ☒ This claim form is to be signed by Claimant
3. ☐ Original savings account passbook or statement for account no.
4. ☐ Checking account statement for account no.
5. ☐ Original Amount
6. ☐ Original securities certificate(s) for shares of
- (OR IF CONFISCATED BY TRANSFER AGENT OR SOLD, SUBMIT EVIDENCE OF THE TRANSACTION).
7. ☐ Document verifying owner's address was once:
8. ☐ Will and currently certified (within the last six months) Letters Testamentary appointing administrator and/or executor (open estate) or certified copy of Final Decree of Distribution (closed estate) for the estate of:
9. ☐ If the estate was not probated, please execute the enclosed Declaration Under Probate Code Section 13101 and Table of Heir ship (Table of Heir ship must be completely filled out and notarized).
10. ☐ CERTIFICATE of for
11. ☐ Birth, Death, and/or Marriage Certificate associating claimant(s) with owner of account.
12. ☒ Copy of document verifying your identity (i.e., driver's license, ID card)
13. ☒ Copy of document verifying your Social Security number or, if business, tax ID number.
14. (X) ALL CLAIMANTS MUST COMPLETE SECTIONS III, V, AND VII ON REVERSE.
15. (X) ALL INVESTIGATORS/HEIRFINDERS MUST COMPLETE SECTIONS IV AND V.
16. (X) After initial review, additional documents may be required.

ANALYST APPROVED:

Date:

SUPV./MGR. APPROVED:

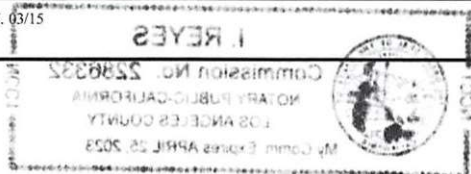
Date:

ADMIN. APPROVED:

Date:

CE-1 REV. 03/15

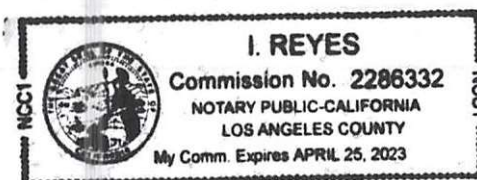
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SECTION III		CURRENT MAILING ADDRESS (TO BE COMPLETED BY ALL CLAIMANTS)	
(1) PRINT FIRST NAME <u>ZAVEN</u>	MIDDLE <u>M</u>	LAST <u>ARSCANAN</u>	DAYTIME PHONE <u>(818) 246 6633</u>
STREET ADDRESS	CITY	STATE	ZIP CODE
(2) PRINT FIRST NAME	MIDDLE	LAST	DAYTIME PHONE ()
STREET ADDRESS	CITY	STATE	ZIP CODE
SECTION IV		CURRENT MAILING ADDRESS (TO BE COMPLETED BY ALL AGENTS, PERSONAL REPRESENTATIVE, INVESTIGATORS, EXECUTORS, ETC)	
(1) PRINT FIRST NAME <u>Mds Assets Recovery LLC</u>	MIDDLE	LAST	DAYTIME PHONE <u>(800) 637-5692</u>
STREET ADDRESS <u>222 Broadway 19th Fl</u>	CITY <u>New York</u>	STATE <u>NY</u>	ZIP CODE <u>10038</u>
SECTION V		NOTICE TO CLAIMANT: INVESTIGATOR OR FINDER FEES	
<p>Under Section 1582 of the California Code of Civil Procedures (stated below), an investigator is <u>not allowed</u> to charge a fee of more than 10% of the recovered amount.</p> <p>CCP Section 1582 (Restriction on agreement to locate reported property)</p> <p>No agreement to locate, deliver, recover, or assist in recovery of property reported under Section 1530 may be executed within twelve months of the date payment or delivery is made to the State Controller. The fee or compensation agreed upon may not exceed 10% of the recoverable property. The agreement must be in writing and signed by the owner after disclosure in the agreement of the nature and value of the property and the name and address of the person or entity in possession of the property. Nothing in this section shall be construed to prevent an owner from asserting, at any time, that an agreement to locate property is based upon excessive or unjust consideration.</p>			
CLAIMANT'S SIGNATURE: <u>[Signature]</u>			DATE: <u>12-08-21</u>
CLAIMANT'S SIGNATURE:			DATE:
REPRESENTATIVE'S SIGNATURE: <u>[Signature]</u>			DATE: <u>11/17/2021</u>
SECTION VI		PRIVACY NOTIFICATION	
<p>The Information Practices Act of 1977 and the Federal Privacy Act require the Unclaimed Property Division to inform you that your Social Security number and other documents are requested for proper identification and processing of your claim. You have the right to view your records at this office by writing: Chief, Unclaimed Property Division, P. O. Box 942850, Sacramento, CA 94250-5873</p>			
SECTION VII		AFFIRMATION	
<p>Each of the undersigned claimants affirms that claimant has read the claim and knows the contents thereof, and that claimant is the sole owner of the said claim and the sole person entitled to receive the money and property set forth in said claim. Each claimant certifies under penalty of perjury that original instruments such as securities certificates, checks, passbooks, etc., have been submitted or, if unable to produce such said original instruments, certifies that claimant has not sold, pledged, hypothecated or otherwise transferred said instruments or any interest or right therein. If said instruments are found by claimant, the claimant agrees to deliver them to the State Controller's Office for cancellation. Each claimant agrees to indemnify and hold harmless the State, officers and employees from any loss resulting from the payment of said claim.</p>			
DO NOT SIGN CLAIM FORM UNLESS A DESCRIPTION OF ACCOUNT IS SHOWN IN SECTION I OR IS ATTACHED TO FORM.			
CLAIMANT'S SIGNATURE: <u>[Signature]</u>			SSN: <u>TAX # 954544761</u>
CLAIMANT'S SIGNATURE:			SSN:
<p>A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.</p>			
STATE OF CALIFORNIA, COUNTY OF <u>Los Angeles</u>			
SUBSCRIBED AND SWORN (OR AFFIRMED) BEFORE ME ON THIS <u>8</u> DAY OF <u>December</u> , 20 <u>21</u> BY <u>Zaven M. Arscanan</u> , PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME.			
SIGNATURE <u>[Signature]</u>			(SEAL)





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Standard Investigator Agreement- Abandoned Property

This agreement is entered into by and between ZAVEN ARSCANDAN, hereinafter referred to as "Claimant," and MDS Assets Recovery LLC, hereinafter referred to as "Investigator."

- I. Investigator, through his/her efforts, has located Claimant, who may be entitled to the assets in the possession of the State Controller of California, 10600 White Rock Road, Suite 141, Rancho Cordova, CA 95670 (Mailing Address: P.O. Box 942850-5873) as described below:

OWNER'S NAME: ZAVEN ARSCANDAN

OWNER'S ADDRESS AS REPORTED TO THE STATE CONTROLLER'S OFFICE:

REPORTED BY:

TYPE OF ACCOUNT: AMOUNT: PROP REF NBR:

SECURITIES: PROPERTY ID NO:

☒ ZA (CHECK HERE IF THERE ARE ATTACHMENTS LISTING ADDITIONAL ACCOUNTS)
Claimant's Initials

- II. Investigator and Claimant do hereby agree that in consideration of Investigator's efforts in locating Claimant and assisting in the actual recovery of the above-described assets to which Claimant may be entitled, Claimant assigns to the Investigator a percentage not to exceed 10% of the net assets which Claimant in fact recovers. Claimant agrees that the investigator fee will be paid upon payment of the claim.

Agreed percentage 10% Claimant's Initials ZA Investigator's Initials MS

- III. If Investigator fails to disclose the nature and value of the property prior to the execution of this agreement, and Investigator and Claimant agree that if the existence and whereabouts of the above-described assets are known to the Claimant, and Claimant believes that said assets would have been recovered without the information and advice given by Investigator, then Claimant is under no obligation to Investigator.

- IV. Investigator and Claimant agree that in the event Claimant is not entitled to assets described above and such assets are not recovered, there is no obligation on either party to the other, all expenses being borne by Investigator.

- V. This agreement is valid for six (6) months from the date signed by Claimant.

Claimant: ZAVEN ARSCANDAN Daytime Phone: 818 244-6633

Address: 908 S CENTRAL AV Date: 12-6-21

GLENDALE CA 91204

Claimant's Signature: [Signature]

Claimant's SSN or Tax Identification Number: 95-4544761

Investigator: MDS Assets Recovery Daytime Phone: (800) 637-5692

Investigator License #: Date: 11/17/2021

Address: 222 Broadway 19th Fl New York NY 10038

Investigator's Signature: [Signature]

Investigator's Social Security Number or Tax Identification Number:



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2A

Standard Investigator Agreement/Contract Attachment

Owner's Name: Arslanian M.D. Zaven Malkon
Owner's Address: 633 N Central Ave Glendale Ca 91203
Reported By: Care1St Health Plan
Type of Account: Indiv Policy Ben or Claim Paym
Amount: 135
Co-Owner: N/A
Securities: Cash
Property ID #: 993437135
Owner's Initials: 2A

Owner's Name: Arslanian M.D. Zaven Malkon
Owner's Address: 634 N. Central Ave Glendale Ca 91203
Reported By: Care1St Health Plan Inc
Type of Account: Indiv Policy Ben or Claim Paym
Amount: 120
Co-Owner: N/A
Securities: Cash
Property ID #: 997542252
Owner's Initials: 2A

Owner's Name: Arslanian Zaven M
Owner's Address: 908 S Central Ave Glendale Ca 91204- 2005
Reported By: Anthem Inc
Type of Account: Group Policy Benefits or Claim
Amount: 51.49
Co-Owner: N/A
Securities: Cash
Property ID #: 1005888695
Owner's Initials: 2A

Owner's Name: Arslanian Zaven M
Owner's Address: 540 N Central Ave Ste 208 Glendale Ca 91203- 3371
Reported By: Anthem Inc
Type of Account: Group Policy Benefits or Claim
Amount: 15.4
Co-Owner: N/A
Securities: Cash
Property ID #: 987773460
Owner's Initials: 2A

Owner's Name: Arslanian Zaven M
Owner's Address: 540 N Central Ave Ste 208 Glendale Ca 91203- 3371
Reported By: Anthem Inc
Type of Account: Group Policy Benefits or Claim
Amount: 15.4
Co-Owner: N/A
Securities: Cash
Property ID #: 987774789
Owner's Initials: 2A

Owner's Name: Arslanian Zaven M
Owner's Address: 540 N Central Ave Ste 208 Glendale Ca 91203- 3371
Reported By: Anthem Inc
Type of Account: Group Policy Benefits or Claim
Amount: 15.4
Co-Owner: N/A
Securities: Cash
Property ID #: 987775844
Owner's Initials: 2A

Owner's Name: Arslanian Zaven M
Owner's Address: 633 N Central Ave Ste 107 Glendale Ca 91203- 1802
Reported By: Anthem Inc
Type of Account: Group Policy Benefits or Claim
Amount: 47.68
Co-Owner: N/A
Securities: Cash
Property ID #: 992147407
Owner's Initials: 2A

Owner's Name: Arslanian Zaven M
Owner's Address: 540 N Central Ave Ste 208 Glendale Ca 91203- 3371
Reported By: Anthem Inc
Type of Account: Group Policy Benefits or Claim
Amount: 15.78
Co-Owner: N/A
Securities: Cash
Property ID #: 995084852
Owner's Initials: 2A



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Standard Investigator Agreement/Contract Attachment

Owner's Name: Arslanian Zaven M
Owner's Address: 540 N Central Ave Ste 208 Glendale
Ca 91203- 3371
Reported By: Anthem Inc

Type of Account: Group Policy Benefits or Claim
Amount: 15.78
Co-Owner: N/A
Securities: Cash
Property ID #: 995089387
Owner's Initials: ZA

Owner's Name: Arslanian Zaven M
Owner's Address: 540 N Central Ave Ste 208 Glendale
Ca 91203- 3371
Reported By: Anthem Inc

Type of Account: Group Policy Benefits or Claim
Amount: 15.78
Co-Owner: N/A
Securities: Cash
Property ID #: 995097333
Owner's Initials: ZA

Owner's Name: Arslanian Zaven M
Owner's Address: 540 N Central Ave Ste 208 Glendale
Ca 91203- 3371
Reported By: Anthem Inc

Type of Account: Group Policy Benefits or Claim
Amount: 31.56
Co-Owner: N/A
Securities: Cash
Property ID #: 995109568
Owner's Initials: ZA

Owner's Name: Arslanian Zaven M
Owner's Address: 540 N Central Ave Ste 208 Glendale
Ca 91203- 3371
Reported By: Anthem Inc

Type of Account: Group Policy Benefits or Claim
Amount: 15.78
Co-Owner: N/A
Securities: Cash
Property ID #: 995111346
Owner's Initials: ZA

Owner's Name: Arslanian Zaven M
Owner's Address: 540 N Central Ave Ste 208 Glendale
Ca 91203- 3371
Reported By: Anthem Inc

Type of Account: Group Policy Benefits or Claim
Amount: 15.78
Co-Owner: N/A
Securities: Cash
Property ID #: 995094874
Owner's Initials: ZA

Owner's Name: Arslanian Zaven M
Owner's Address: 540 N Central Ave Ste 208 Glendale
Ca 91203- 3371
Reported By: Anthem Inc

Type of Account: Group Policy Benefits or Claim
Amount: 9.6
Co-Owner: N/A
Securities: Cash
Property ID #: 995100094
Owner's Initials: ZA

Owner's Name: Arslanian Zaven M
Owner's Address: 540 N Central Ave Ste 208 Glendale
Ca 91203- 3371
Reported By: Anthem Inc

Type of Account: Group Policy Benefits or Claim
Amount: 15.78
Co-Owner: N/A
Securities: Cash
Property ID #: 995110370
Owner's Initials: ZA

Owner's Name: Arslanian Zaven M
Owner's Address: 540 N Central Ave Ste 208 Glendale
Ca 91203- 3371
Reported By: Anthem Inc

Type of Account: Group Policy Benefits or Claim
Amount: 15.93
Co-Owner: N/A
Securities: Cash
Property ID #: 995119659
Owner's Initials: ZA



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EA

Standard Investigator Agreement/Contract Attachment

Owner's Name: Zaven Arslanian M D
Owner's Address: 633 N Central Ave Ste 107 Glendale
Ca 91203- 1802
Reported By: Anthem Inc
Type of Account: Group Policy Benefits or Claim
Amount: 48420.64
Co-Owner: N/A
Securities: Cash
Property ID #: 1001477289
Owner's Initials: EA

Owner's Name:
Owner's Address:

Reported By:

Type of Account:
Amount:
Co-Owner:
Securities:
Property ID #:
Owner's Initials:

Owner's Name:
Owner's Address:

Reported By:

Type of Account:
Amount:
Co-Owner:
Securities:
Property ID #:
Owner's Initials:

Owner's Name:
Owner's Address:

Reported By:

Type of Account:
Amount:
Co-Owner:
Securities:
Property ID #:
Owner's Initials:

Owner's Name: Zaven Arslanian M.D.
Owner's Address: 908 South Central Avenue Glendale
Ca 91204
Reported By: U S Legal Support Inc
Type of Account: Misc Outstanding Check
Amount: 15
Co-Owner: N/A
Securities: Cash
Property ID #: 1010921706
Owner's Initials: EA

Owner's Name:
Owner's Address:

Reported By:

Type of Account:
Amount:
Co-Owner:
Securities:
Property ID #:
Owner's Initials:

Owner's Name:
Owner's Address:

Reported By:

Type of Account:
Amount:
Co-Owner:
Securities:
Property ID #:
Owner's Initials:

Owner's Name:
Owner's Address:

Reported By:

Type of Account:
Amount:
Co-Owner:
Securities:
Property ID #:
Owner's Initials: