

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:) Chapter 7
)
PEREGRINE FINANCIAL GROUP, INC.,) Case No. 12-27488
)
)
)
Debtor.) Honorable Judge Carol A. Doyle

**COVER PAGE TO FERESHTEH DAROEIAN
AND FEREDOUN A. SHAHIR'S RESPONSE LETTER TO THE TRUSTEE**

Date August 3, 2017

Ref: Doc 5128

Case 12-27488

U.S. Bankruptcy Court, Dirksen Federal Building,
219 S. Dearborn St,
Room 713,
Chicago, IL 60604

In re: PEREGRINE FINANCIAL GROUP, INC.

Claimants: FERESHTEH DAROEIAN & FEREDOUN A SHAHIR

IRA custody: Millennium Trust Company

Claims #: 37 & 25 (FOREX Acts. Holders)

Attention: Honorable Judge Carol A. Doyle

United States Bankruptcy Court
Northern District Of Illinois
Eastern Division

AS we noticed, this case is coming to an end after 5 years of despair in financial hardship that my family and I had to go through suddenly. My name is Fereidoun Shahir, age 76, and my wife name is Fereshteh Daroeian, age 67, both Persian-American and lived in USA for past 25 years, as a good tax paying citizen. However, we never have had experience to encounter a problem like this, trusting our hard earned, tax paid, pension IRA accounts to an organization, which had been in business for more than 20 years.

Millennium Trust Company is, actually, custodian for our funds (\$79,015.52 and \$9,251.94) and we were satisfied with their service until this unforeseen problem of Ponzi Scheme and consequent bankruptcy of PFG BEST were unfold. During these years, we have gone through all kinds of mental and disgraceful physical problems, one after the other; my wife, under sudden stressful situation, developed breast cancer and had double mastectomy (Exhibit A) with all kinds medical expenses followed; we were sued by various credit companies (Exhibit B) and finally, we lost our beloved young son, Mehran A. Shahir, age 36, a graduate of CALTECH in Computer Science with scholarship, by self-inflicting suicide, jumping from Caltech parking lot to end his life (Exhibit C); all because of mental meltdown caused partly by stressful life we were going through, and he was also unable to help us and seeing himself deeply helpless, as we were struggling to survive, with little hope, looking forward to our shaky future during these difficult times of our lives.

Additionally, we have written you few times, but the case was going through judicial procedures and we couldn't effort to hire a lawyer from your district to represent us. So, this is our last resort to appeal to you and honorable trustee of this case; please take our situation into your kind consideration when making final decision in redeeming our funds, for we are extremely under financial hardship with instalment payments of credit cards companies as well as our due taxes, plus mortgage payments. We had to sell our cars and are surviving day to day with no sufficient income to pay our debits.

We appreciate, and thankful greatly in advance for your time, to read this letter, and looking forward to your kind and a fair judgement.

Sincerely Yours,

F. Shahir

F. Daroeian

Handwritten signatures of F. Shahir and F. Daroeian. The signature of F. Shahir is written in cursive and is positioned above the signature of F. Daroeian, which is also in cursive.

CC: Attn: Christina M. Santelippo, Esq.

Trustee, Shaw Fishman Glantz & Towbin LLC
321 North Clark Street, Suite 800,
Chicago, Illinois 60654

Enclos.

(EXHIBIT A)

LOS ROBLES HOSPITAL & MEDICAL CENTER
DEPARTMENT OF PATHOLOGY
Medical Director: Wayne Schultheis, M.D.

215 West Janss Road, Thousand Oaks, Ca. 91360 Ph: 805-370-4697 Fax: 805-370-4489

SURGICAL PATHOLOGY REPORT

RX: [REDACTED]

Patient: DAROEIAN, FERESHTEH

DOB: 04/24/51 Age/Sex: 62/F

Pt Type: DIS IN

Loc.: G.40RTHN Room/Bed: G.4103-A

Acct. #: [REDACTED]

Unit #: [REDACTED]

Surgery/Collection Date: 10/15/13

Accession Date: 10/15/13

Completion Date: 10/18/13

Surgeon/Doctor: Brooks MD, Mai N

Specimens

1. AXILLA - LEFT AXILLA SENTINEL NODE
2. AXILLA - RIGHT AXILLA SENTINEL NODE #1
3. AXILLA - RIGHT AXILLA SENTINEL NODE #2
4. LEFT BREAST, NOS - AND AXILLA (LONG-LATERAL, SHORT-SUPERIOR)
5. RIGHT BREAST, NOS - AND AXILLA, (LONG-LATERAL, SHORT-SUPERIOR)
6. AXILLA - ADDITIONAL RIGHT AXILLA
7. AXILLA - ADDITIONAL LEFT AXILLA

DIAGNOSIS

1. LYMPH NODE, LEFT AXILLA, SENTINEL, EXCISION:
 - Metastatic carcinoma identified in one lymph node examined (1/1)
 - Metastatic focus is 1.1 cm in greatest dimension with focus suspicious of external extension
2. LYMPH NODES, RIGHT AXILLA SENTINEL #1, EXCISION:
 - No metastatic carcinoma identified in one lymph node examined (0/1)
3. LYMPH NODE, RIGHT AXILLA SENTINEL #2, EXCISION:
 - No metastatic carcinoma identified in one lymph node examined (0/1)
4. BREAST AND AXILLA, LEFT, SIMPLE MASTECTOMY:
 - Two separate invasive ductal carcinoma
 - Tumor focality: Multifocal
 - Tumor site and size: Lower outer/lateral quadrants (3-5:00) with two tumors greater than 1.0 cm apart measuring:- Tumor #1 (0.8 x 0.7 x 0.5 cm) and tumor #2 (1.2 x 1.0 x 1.0 cm)

RX: [REDACTED]

DAROEIAN, FERESHTEH

McCarthy Law PLC

(Exhibit B)

American Express	\$	4,182.83
American Express	\$	7,948.68
American Express	\$	12,485.33
American Express	\$	3,015.30
Bank of America	\$	15,228.26
Bank of America	\$	8,552.89
Capital One	\$	1,822.56
Capital One	\$	4,930.85
Chase	\$	3,877.61
Chase	\$	4,921.91
Chase	\$	6,839.81
GE Capital	\$	5,001.71
Paypal	\$	7,321.95
Wells Fargo	\$	2,557.24
Wells Fargo	\$	13,297.56
Wells Fargo	\$	7,157.23
Wells Fargo	\$	7,752.82
Las Vegas Vacation Suites Owners Asc. 37-1579 Fereidoun Shahir	\$	1,165.83
TOTAL DEBT OUTSTANDING		\$ 118,060.37



*California Institute of Technology
Class of 2011*

(EXHIBIT C)

(EXHIBIT C)
CITY OF PASADENA

PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201563000686

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) MIKE		3 LAST (Family) SHAFER	
2 MIDDLE ASSADI		4 DATE OF BIRTH (mm/dd/yyyy) 11/07/1979	
5 AGE Yrs 35		6 SEX M	
AKA ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST) MEHRAN ASSADI SHAHIR		7 DATE OF DEATH (mm/dd/yyyy) 07/14/2015	
8 BIRTH STATE/FOREIGN COUNTRY IRAN		9 SOCIAL SECURITY NUMBER [REDACTED]	
10 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		11 MARITAL STATUS/SPOUSE at Time of Death NEVER MARRIED	
12 EDUCATION - Highest Level (Degree) BACHELOR		13 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
14 WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED COMPUTER PROGRAMMER	
16 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, health-care agency, etc.) SOFTWARE VIDEO GAME DESIGN		17 YEARS IN OCCUPATION 20	
20 DECEDENT'S RESIDENCE (Street and number, or location) 200 LYNN OAKS AVENUE			
21 CITY THOUSAND OAKS		22 COUNTY/PROVINCE VENTURA	
23 ZIP CODE 91320		24 YEARS IN COUNTY 24	
25 STATE/FOREIGN COUNTRY CA		26 INFORMANT'S NAME, RELATIONSHIP FRED SHAHIR, FATHER	
27 INFORMANT'S MAILING ADDRESS (Street and number, or care route number, city or town, state and zip) 200 LYNN OAKS AVENUE, THOUSAND OAKS, CA 91320		28 NAME OF SURVIVING SPOUSE/SPOUSE-FIRST -	
29 MIDDLE -		30 LAST (BIRTH NAME) -	
31 NAME OF FATHER/PARENT-FIRST FRED		32 MIDDLE ASSADI	
33 NAME OF MOTHER/PARENT-FIRST FERESHTEH		34 LAST (BIRTH NAME) SHAHIR	
35 MIDDLE -		36 BIRTH STATE IRAN	
37 LAST (BIRTH NAME) DARCEIAN		38 BIRTH STATE IRAN	
39 DISPOSITION DATE (mm/dd/yyyy) 07/29/2015		40 PLACE OF FINAL DISPOSITION CONEJO MOUNTAIN MEMORIAL PARK 2052 HOWARD ROAD, CAMARILLO, CA 93012	
41 TYPE OF DISPOSITION(S) CR/BU		42 SIGNATURE OF EMBALMER NOT EMBALMED	
43 LICENSE NUMBER -		44 NAME OF FUNERAL ESTABLISHMENT CONEJO MOUNTAIN FUNERAL HOME & MEMORIAL PARK	
45 LICENSE NUMBER FD1375		46 SIGNATURE OF LOCAL REGISTRAR YING-YING GOH, MD	
47 DATE (mm/dd/yyyy) 07/28/2015		101 PLACE OF DEATH HUNTINGTON MEMORIAL HOSPITAL	
102 COUNTY LOS ANGELES		103 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/ICU <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
104 FACILITY ADDRESS OR LOCATION WHERE IT OCCURRED (Street and number, or location) 100 WEST CALIFORNIA BLVD		105 CITY PASADENA	
106 CAUSE OF DEATH Enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE. (A) BLUNT FORCE TRAUMA (B) FALL FROM HEIGHT		107 DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO RAPID 2015-04862	
108 SIGNATURE OF DEATH CERTIFIER YING-YING GOH, MD		109 BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RAPID	
110 AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111 USED IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107) NONE			
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO			
114 IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
115 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: <input type="checkbox"/> Decedent Last Seen Alive: <input type="checkbox"/>		116 SIGNATURE AND TITLE OF DEATH CERTIFIER YING-YING GOH, MD	
117 TYPE ATTENDING PHYSICIAN'S HOME MAILING ADDRESS ZIP CODE		118 LICENSE NUMBER -	
119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined		120 INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
121 INJURY DATE (mm/dd/yyyy) 07/14/2015		122 HOUR (24-hour) 1945	
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) PARKING LOT			
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) JUMPED FROM PARKING STRUCTURE			
125 LOCATION OF INJURY (Street and number, or location and city, and zip) 33 EAST GREEN STREET, PASADENA, CA 91105			
126 SIGNATURE OF CORONER/DEPUTY CORONER EVONNE D REED		127 DATE (mm/dd/yyyy) 07/28/2015	
128 TYPE (NAME, TITLE OF CORONER/DEPUTY CORONER) EVONNE D REED, DEPUTY CORONER		129 SIGNATURE OF REGISTRAR YING-YING GOH, MD	
STATE REGISTRAR		CENSUS TRACT	
A B C D E		FAX AUTH.*	
01000100299356			

This is to certify that this document is a true copy of the official record filed with the City of Pasadena.

Ying-Ying Goh, MD
YING-YING GOH, M.D.
HEALTH OFFICER

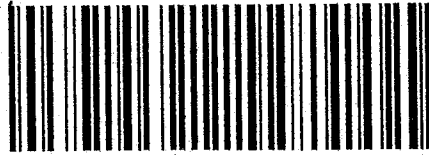
DATE ISSUED

AUG 10 2015

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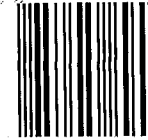


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AMOUNT

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ATTN: CHRISTINA M. SANTELIPPO, ESQ.
TRUSTEE, SHAW FISHMAN GLANTZ &
TOWBIN LLC,
321 NORTH CLARK STREET, SUITE 800
CHICAGO, ILLINOIS 60654
CASE 12-27488 DOC: 5128

1L 60654

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