

FILL OUT ALL SECTIONS OF THIS FORM BEFORE FILING WITH THE COUNTY CLERK
AND FIDUCIARY CLERK/COURT – MUST BE COMPLETED WITHIN 30 DAYS OF SALE

If this is an E-Filed case, upload this form to NYSCEF as a "Foreclosure Action Surplus Monies Form"

FORECLOSURE ACTION SURPLUS MONIES FORM

SUPREME COURT/COUNTY COURT OF THE STATE OF NEW YORK:

COUNTY OF _____

METROPOLITAN LIFE INSURANCE
COMPANY

Index No. 817483/02022E

Plaintiff,

MORTGAGED PROPERTY:

600-602 Clarence Avenue, Unit 1A

-against-

MAN YI CINDY NG, ET AL

Defendant.

COUNTY: _____

SBL #: 5486 and Lot 1001

Sale Date: 12/8/25

A. To be completed by the Referee

- Final Judgment Amount per Judgment: \$ 614,051.68
- Adjusted Judgment Amount (Upset Price): \$ 549,000
(This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc.)
- Sale Price: \$ \$1,000
(To calculate if there is a surplus, subtract the higher of line 1 or line 2 from line 3 and enter any surplus on line 4)
- Surplus Amount (enter \$0.00 if no surplus) \$ 0
**If there are surplus funds, attach proof/receipt that the surplus amount was deposited with the Treasurer, Comptroller, Commissioner of Finance, Clerk of Court, etc.

Referee's TOTAL compensation awarded/fees
earned in this matter: \$ _____

Referee Name: Scott H. Siller, Esq.,

Telephone: (516) 644-6769

Address: 706 Equestrian Way, Westbury, NY 11590

Email: ScottHsiller@aol.com

Signature/Date: [Signature] 12/8/25

*If plaintiff is also the purchaser, complete both B. and C.

B. To be completed by Plaintiff's Rep.

METROPOLITAN LIFE INSURANCE CO.
c/o Friedman Vartolo LLP,
85 Broad Street, Suite 501,
New York, New York 10004,

Email:

Signature/Date: _____

C. To Be Completed by Purchaser

Name: _____

Address: _____

Telephone: _____

Email: _____

Signature/Date: _____

Additional Copies of this Form can be found at <https://www.nycourts.gov/forms/foreclosure/>