

**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** NEW YORK

HILTON RESORTS CORPORATION,

**Index No.** 850192/2020

Plaintiff,

**-against-**

Any unknown heirs to the Estate of MARIE J. ABRIL, next of kin, devisees, legatees, distributees, grantees, assignees, creditors, lienors, trustees, executors, administrators or successors in interest, as well as the respective heirs at law, next of kin, devisees, legatees, distributees, grantees, assignees, lienors, trustees, executors, administrators or successors in interest of the aforesaid classes of persons, if they or any of them be dead, all of whom and whose names and places of residence are unknown to the plaintiff,

Defendant.

**MORTGAGED PROPERTY:**

57TH STREET VACATION SUITES  
102 West 57th Street New York, NY

**COUNTY:** NEW YORK

**SBL #:** Block 1009 Lot 37

**Sale Date:** JANUARY 14, 2026

**A. To be completed by the Referee**

1. Final Judgment Amount per Judgment: \$ 39,155.30

2. Adjusted Judgment Amount (Upset Price): \$ 38,319.80

(This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc.)

3. Sale Price: \$ 10.00 ~~\$ 200.00~~ *MM*

(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)

4. Surplus Amount (enter \$0.00 if no surplus) \$ 0.00

*\*\*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:

\$ 1,100.00

Referee Name: MARK MCKEW, ESQ.

Telephone: 212-876-6783 -917-592-4271

Address: 1725 YORK AVENUE SUITE 29A NEW YORK, NY 10128

Email: mmckew@mckewlaw.com

Signature/Date: *[Signature]* 1/14/26

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

**B. To be completed by Plaintiff's Rep.**

Name: CRUSER MITCHELL NOVITZ

Address: 341 CONKLIN STREET  
FARMINGDALE, NY 11735

Telephone: 516-586-8513

Email: edorfman@cmlawfirm.com

Signature/Date: *[Signature]* 01/14/26

**C. To Be Completed by Purchaser**

Name: CRUSER MITCHELL NOVITZ

Address: 341 CONKLIN STREET  
FARMINGDALE, NY 11735

Telephone: 516-586-8513

Email: edorfman@cmlawfirm.com

Signature/Date: *[Signature]* 01/14/2026

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