FILED: KINGS COUNTY CLERK 10/17/2025 04:12 PM

INDEX NO. 534040/2023 NYSCEF DOC. NALL SECTIONS OF THIS FORM BEFORE FILING WITH THE COUNTY CLERK: 10/17/2025

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 XINGS		
	Plaintiff, Bank -against-		Index No. 534040/2023  MORTGAGED PROPERTY: 480 Quinty Skreet
	2166 Stan 11.C Defendant.		COUNTY:  SBL #:
A.	To be completed by the Referee		50
	1. Final Judgment Amount per Judgment:	\$	555,996.21 -
	2. Adjusted Judgment Amount (Upset Price): (This is the total amount due to the bank after post-sale di		581,602.79 > Sements, fees, taxes, utilities, etc.)
	3. Sale Price:  (To calculate if there is a surplus, subtract the higher of li		1,135,000,00
	4. Surplus Amount (enter \$0.00 if no surplus)  **If there are surplus funds, attach proof/receipt to Treasurer, Comptroller, Commissioner of Finance, Commissioner of Finan		Control of the contro
	Referee's TOTAL compensation awarded/fees earned in this matter:	\$	
	Referee Name: Bruno Codispote, Eng.	Tele	ephone: 212.962.6525
	Address: SI CONT, ST., SH FU	R	WW. TY 11301
	Email: 6 Cels for Man . W Signature/Dates ( Co. 16-2 *If plaintiff is also the purchaser, complete both B. and C.		
В.	To be completed by Plaintiff's Rep.	C.	To Be Completed by Purchaser
	Name: Jerence Sel		Name: Benjanin Isaalyk
	Address: 144-36 984 Ave Suile #24 Elighna, NY 11367		Address: 18413 Maland Phys
	Telephone: 1718)969-0112		Telephone:
	Email: Levenuger a hotmail. com		Email:
	Signature/Date: 10-16-2+		Signature/ Date: 4 10/16/23
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