

**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 Queens

DEUTSCHE BANK NATIONAL TRUST COMPANY,  
AS TRUSTEE FOR HOLDERS OF THE HS1 ASSET  
SECURITIZATION CORPORATION TRUST 2006-HE1

Plaintiff,

-against-

JUNYE OUTRAM A/K/A JUNYE O.  
OUTRAM, et al

Defendant.

Index No. 705914/2015

**MORTGAGED PROPERTY:**

14450 166th Street, Jamaica, NY 11434

**COUNTY:** Queens

**SBL #:** 13271-35

**Sale Date:** January 9, 2026

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

1. Final Judgment Amount per Judgment: \$ 646,901.24

2. Adjusted Judgment Amount (Upset Price): \$ ~~646,901.24~~ 735,652.76

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

3. Sale Price: \$ 601,487.24

(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

*\*\*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.*

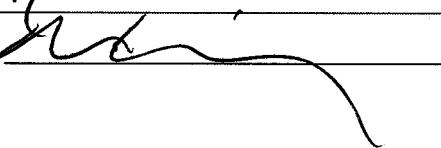
Referee's TOTAL compensation awarded/fees  
earned in this matter:

\$ 750.00

Referee Name: Nicholas E. Perciballi, Esq.

Telephone: 516-636-9700

Address: 6851 Jericho Tpke, Suite 185, Syosset, NY 11791

Email: nicholasperciballi@coachlin.com Signature/Date: 

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

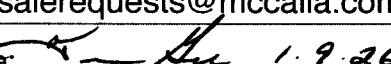
### **B. To be completed by Plaintiff's Rep.**

Name: McCalla Raymer Liebert Pierce, LLC

Address: 420 Lexington Ave, Suite 840  
New York, NY 10170

Telephone: 7329025399

Email: nypostsalerequests@mccalla.com

Signature/Date:  1-9-26

### **C. To Be Completed by Purchaser**

Name: Same as plaintiff

Address:

Telephone:

Email: nypostsalerequests@mccalla.com

Signature/ Date: