

**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 OF THE STATE OF NEW YORK COUNTY OF NEW YORK

Wilmington Savings Fund Society, FSB, not in its individual capacity but solely as Owner Trustee of CSMC 2018-SP3 Trust,
Plaintiff,

-against-

Sreeram Mallikarjun, et al,

Defendants.

Index No. 850224/2021

MORTGAGED PROPERTY:
350 West 42nd Street
Apartment 53C, New York, NY
10036

COUNTY: New York
SBL #: Block 1032 Lot 1484
Sale Date: 11/19/2025

A. To be completed by the Referee

1. Final Judgment Amount per Judgment: \$ 1,206,958.02
2. Adjusted Judgment Amount (Upset Price): \$ 1,317,010.77
(This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc.)
3. Sale Price: \$ 1,317,010.77
(to compute surplus, subtract line 3 from higher amount indicated on line 1 or line 2 and enter on line 4)
4. Surplus Amount (enter \$0.00 in 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: \$ _____

Referee Name: Doron Leiby
Address: 32 Broadway, 13th Fl, NY, NY 10009
E-mail: _____

Telephone: 212-227-4200

Signature/Date: 11/19/2025

B. To be completed by Plaintiff's Rep

Name: Kim Camino
Loos Legn Group LLP
Address: SHAPIRE D'CANO + BRADLEY

E-mail: _____

Telephone: 877 430 4792

Signature and Date: Kim Camino
11/19/25

C. To be completed by Purchaser

Name (please print): _____

Address: PLAINTIFF _____

E-mail: _____

Telephone: _____

Signature and Date: _____

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