

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

DEUTSCHE BANK TRUST COMPANY AMERICAS, AS TRUSTEE  
FOR THE REGISTERED HOLDERS OF WELLS FARGO  
COMMERCIAL MORTGAGE SECURITIES, INC., MULTIFAMILY  
MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2017-  
SB34,

Plaintiff,

-against-

RH 532 WEST 159 STREET LP, MOSHE SILBER a/k/a  
MARK SILBER, NEW YORK CITY ENVIRONMENTAL  
CONTROL BOARD AND KATCHY PEST CONTROL INC.,

Defendant.

Index No. 850547/2023

MORTGAGED PROPERTY:

532 West 159th Street, New York, NY  
10032

COUNTY: New York

SBL #: Block 2117, Lot 20

Sale Date: 12/3/2025

### A. To be completed by the Referee

- Final Judgment Amount per Judgment: \$ 3,174,348.32
- Adjusted Judgment Amount (Upset Price): \$ ~~3~~ 3,360,598  
(This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc.)
- Sale Price: \$ 500  
(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:

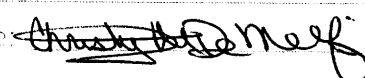
\$ 1,450.00

Referee Name: Christy M. Demelfi

Telephone: 516-887-1975

Address: 1225 Franklin Avenue, Suite 325, Garden City, New York 11530

Email: refereechristy@greenbergmerola.com

Signature/Date:  12/3/25

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

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

DEUTSCHE BANK c/o McCarter & English LLP  
250 W 55th Street, 13th Floor,  
New York, NY 10019  
(212) 609-6800

Signature/Date:  12/3/25

### 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/>