

**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

**Index No.** 701938/2012

**Plaintiff,**

WELLS FARGO

**-against-**

**Defendant.**

PARKS

**MORTGAGED PROPERTY:**

169-19104<sup>th</sup> Ave  
JAMAICA NY 11433

**COUNTY:**

**SBL #:**

**Sale Date:** 8/29/25

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

1. Final Judgment Amount per Judgment: \$ 484,481.23

2. Adjusted Judgment Amount (Upset Price): \$ 394,250

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

3. Sale Price: \$ ~~500,000~~ 550,000

(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:

\$ 500

Referee Name: Lisa Jadian

Telephone: 646 724 4650

Address: 7 Aspen Place Great Neck NY 11021

Email: LISAJJAD@aol.com

Signature/Date: LN 8-29-2025

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

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

Name: GREGG BURLYN

Address: 1010 Convent Rd

PARLE FL

Telephone: 516-605-4509

Email: GBURLYN@burlyn.com

Signature/Date: GB 8/29/25

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

Name: MD ISLAM

Address: 8458 162 St FL1

JAMAICA NY 11432

Telephone: 347-251-9921

Email: 840RIFULNY@gmail.com

Signature/Date: MD 8/29/2025