NYSCEF DOC. NO. 243

B.

INDEX NO. 709661/2015

RECEIVED NYSCEF: 08/29/2025

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

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 DUKENS	
	Index No. 709 66/2015
Plaintiff,	MORTGAGED PROPERTY:
-against-	FAR ROCKAWAY 11691
Defendant.	COUNTY: QUEENS SBL #: Sale Date: 8/29 / 25
	Sale Date:
To be completed by the Referee	
1. Final Judgment Amount per Judgment:	\$ 754,392.10
 Adjusted Judgment Amount (Upset Price): (This is the total amount due to the bank after post-sale of 	
3. Sale Price: (To calculate if there is a surplus, subtract the higher of	\$ \frac{595_t \omega \omega}{t} \tag{line 1 or line 2 from line 3 and enter any surplus on line 4}
4. Surplus Amount (enter \$0.00 if no surplus) **If there are surplus funds, attach proof/receipt Treasurer, Comptroller, Commissioner of Finance,	that the surplus amount was deposited with the
Referee's TOTAL compensation awarded/fees earned in this matter:	\$
Referee Name: Egypto Vincent	Telephone: 718-767-3333
T , A ! !	W, STZ 302, WHITESTONE NY113S
Email: Com cont e b program Signature/Date: Signature/Date: *If plaintiff is also the purchaser, complete both B. and C.	
To be completed by Plaintiff's Rep. Name: <u>GREGG EVELYS</u>	C. To Be Completed by Purchaser Name: 1990 oxy 4 4 mg BANACO
Address: 1012 Country RD \$250	Address: 17763 71 Av
DARL PI NY	1 45 hora Ny 1362
Telephone: <u>816-605-4569</u>	Telephone: 2 1+95+9903
Email: GEVELYNO Suction Con	Email:
Signature/Date: 98/1 8/29/25	Signature/ Date: ////////