

**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 BRONX**

U.S. BANK NATIONAL ASSOCIATION, NOT IN ITS INDIVIDUAL CAPACITY, BUT SOLELY AS OWNER TRUSTEE FOR THE RMAC TRUST, SERIES 2016-CTT

Plaintiff,

Index No. 36173/2019E

-against-

THE UNKNOWN HEIRS-AT-LAW, NEXT-OF-KIN, DISTRIBUTEES EXECUTORS ADMINISTRATORS TRUSTEES DEVISEES LEGATEES ASSIGNEES LIENORS CREDITORS AND SUCCESSORS IN INTEREST AND GENERALLY ALL PERSONS HAVING OR CLAIMING UNDER BY OR THROUGH THE DECEASED VERONICA A. BLACKMAN; ET. AL.

MORTGAGED PROPERTY: 724E 221<sup>st</sup>  
STREET, UNIT 2A  
BRONX, NY 10467  
COUNTY: Bronx

Defendant.

BL #: 4668-1003

Sale Date: December 8, 2025 at 02:15 PM

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

- |   |               |
|---|---------------|
| 1. Final Judgment Amount per Judgment:  | \$ 155,172.43 |
| 2. Adjusted Judgment Amount (Upset Price):  | \$ 549,000    |
| (This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc.)                    |               |
| 3. Sale Price:  | \$ 1,000      |
| (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:

Referee Name: Scott Siller Telephone: (516) 644-6769

Address: 706 Bayside Plaza, Westbury, NY 11590

Email: Scott.Siller@att.net Signature/Date: 12/11/25

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

**Knuckles & Manfro, LLP,  
120 White Plains Road, Suite 215  
Tarrytown, New York 10591**

Signature and Date: \_\_\_\_\_

**C. To be completed by Purchaser**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature and Date: \_\_\_\_\_