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 Kings

Board of Managers

_____
Plaintiff,

-against-

Byam, Barbara

_____
Defendant.

Index No. 503870/2016

MORTGAGED PROPERTY: 1609 Bergen Street Unit 3

COUNTY: Kings

SBL #: _____

Sale Date: 10/30/2025

A. To be completed by the Referee

1. Final Judgment Amount per Judgment: $ 38,158.11

2. Adjusted Judgment Amount (Upset Price): $ 250,000.00
   (This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc.)

3. Sale Price: $ 290,000.00
   (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) $ _____
   **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: RANDULPH JACKIN   Telephone: 347 432 5151

Address: 335 Park Ave Bklyn NY 11238

Email: MR JACKIN 4310 @ GMAIL.COM   Signature/Date: _____ 10/34/25

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

B. To be completed by Plaintiff's Rep.

Name: **John O'Keefe**
Pinnacle Court Sevice
49 Andrew Ave
Address: **Islip Terrace, NY 11752**
631.804.7716

Telephone: _____

Email: _____

Signature/Date: _____ 10/30/25

C. To Be Completed by Purchaser

Name: Adam P. Plotch for West York Capital Group

Address: 95 W 95th Street, Apt. 29E
New York, NY 10025

Telephone: 646 842 0071

Email: buymyapartment@yahoo.com

Signature/ Date: _____ 10/30/25

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

Rev. 12/19