

NYSCEF DOC. NO. 218

RECEIVED NYSCEF: 01/08/2026

**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 RICHMOND

WILMINGTON SAVINGS FUND SOCIETY, FSB, NOT IN ITS INDIVIDUAL CAPACITY BUT SOLELY IN ITS CAPACITY AS OWNER TRUSTEE FOR CASCADE FUNDING MORTGAGE TRUST HB3

Plaintiff,

-against-

JANINE PALAZZOTTO, ET AL.

Defendant.

Index No. 135894/2015

**MORTGAGED PROPERTY:**

38 JENNIFER PLACE, UNIT 21B

STATEN ISLAND, NY 10314

**COUNTY:** RICHMOND

**SBL #:** Block 1548, Lot 2042

**Sale Date:** January 8, 2026

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

1. Final Judgment Amount per Judgment: \$ 356,211.21

2. Adjusted Judgment Amount (Upset Price): \$ 420,000.00

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

3. Sale Price: \$ 421,000.00

(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) \$ TBD

*\*\*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: Martin Satloff

Telephone: 347-853-2600

Address: 103 Park Drive North, Staten Island, NY 10314

Email: TALLATTY@AOL.COM

Signature/Date: *M. Tallatty 1/8/2026*

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

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

Name: Terence Gee

Address: 144-36 78th Avenue  
Flushing, N.Y. 11367

Telephone: 917-324-2033

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

Signature/Date: *T. Gee 1-8-26*

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

Name: Mohamed Alkh. Lewi

Address: 495 Kland. St. Ave  
S. J. N.Y. 10214

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

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

Signature/ Date: *M. Lewi*