

**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

NYCTL 1998-2 Trust and
The Bank of NY Mellon
Plaintiff,

-against-

NYC Partnership Housing Development
Fund Company, Inc., et al
Defendant.

Index No. 536276/2022

MORTGAGED PROPERTY:

Lexington Avenue

COUNTY: Kings

SBL #:

Sale Date: 12/04/2025

A. To be completed by the Referee

1. Final Judgment Amount per Judgment: \$ 8,747.13

2. Adjusted Judgment Amount (Upset Price): \$ 29,730.26

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

3. Sale Price: \$ 29,731.00

(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: [Signature]

Telephone: 516-223-0529

Address: _____

Email: _____

Signature/Date: [Signature] 12/4/25

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

B. To be completed by Plaintiff's Rep.

Name: John O'Keefe

Address: Pinnacle Court Service
49 Andrew Ave
Islip Terrace, NY 11752
631.804-7716

Telephone: _____

Email: _____

Signature/Date: [Signature]

C. To Be Completed by Purchaser

Name: Kyrin Mava

Address: 21515 Northern
Blvd,
Bayside ny 11361
Suite
302

Telephone: _____

Email: _____

Signature/ Date: [Signature]

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