

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

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FORECLOSURE ACTION SURPLUS MONIES FORM

**SUPREME COURT/COUNTY COURT OF THE STATE OF NEW YORK:
COUNTY OF NEW YORK**

DEUTSCHE BANK TRUST COMPANY AMERICAS, AS TRUSTEE
FOR THE REGISTERED HOLDERS OF WELLS FARGO
COMMERCIAL MORTGAGE SECURITIES, INC., MULTIFAMILY
MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2017-
SB27,

Plaintiff,

-against-

RH 534 WEST 159 STREET LP, MOSHE SILBER a/k/a MARK
SILBER, NEW YORK CITY DEPARTMENT OF FINANCE AND
NEW YORK CITY ENVIRONMENTAL CONTROL BOARD,

Defendant.

Index No. 850548/2023

MORTGAGED PROPERTY:

534 West 159th Street, NY, New York
10032

COUNTY: New York

SBL #: Block 2117, Lot 19

Sale Date: 12/3/2025

A. To be completed by the Referee

1. Final Judgment Amount per Judgment: \$ 4,391,289.52

2. Adjusted Judgment Amount (Upset Price): \$ 4629,740

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

3. Sale Price: \$ 500

(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:

\$ 1,450.00

Referee Name: Christy M. Demelfi

Telephone: 516-887-1975

Address: 1225 Franklin Avenue, Suite 325, Garden City, New York 11530

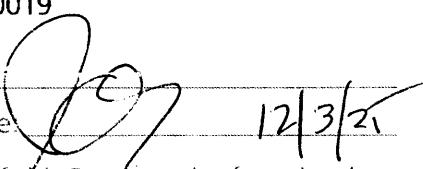
Email: refereechristy@greenbergmerola.com

Signature/Date: Christy M. Demelfi 12/3/25

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

B. To be completed by Plaintiff's Rep.

DEUTSCHE BANK c/o McCarter & English LLP
250 W 55th Street, 13th Floor,
New York, NY 10019
(212) 609-6800

Signature/Date: 
12/3/21

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

C. To Be Completed by Purchaser

Name:

Address:

Telephone:

Email:

Signature/ Date: