

**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 Queens**

**MORTGAGE ASSETS MANAGEMENT,  
LLC**

**Index No. 715494/2019**

**Plaintiff,**

**-against-**

ROBERTA EVANS AS EXECUTOR TO THE ESTATE OF ,  
PEOPLE OF THE STATE OF NEW YORK, UNITED STATES  
OF AMERICA ACTING THROUGH THE SECRETARY OF  
HOUSING AND URBAN DEVELOPMENT, "JOHN DOE"

**Defendant.**

**MORTGAGED PROPERTY:**

223-10 131ST AVENUE

LAURELTON, NY 11413

**COUNTY: Queens**

**SBL #: Block 12933, Lot 49**

**Sale Date: January 31, 2025**

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

1. Final Judgment Amount per Judgment: \$ 524,629.18

2. Adjusted Judgment Amount (Upset Price): \$ 604,313.58

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

3. Sale Price:

\$ 604,313.58

(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:

~~\$1,000.00~~

Referee Name: Scott H. Siller, Esq.

Telephone: 516-644-6769

Address: 706 Equestrian Way, Westbury, NY 11590

Email: scott.siller@nycourts.com

Signature/Date: [Signature] 1/31/25

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

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

Name: Gross Polowy LLC

Address: 1775 Wehrle Drive, Suite 100,  
Williamsville, NY 14221

Telephone: (716) 204-1700

Email: info@grosspolowy.com

Signature/Date: [Signature] 1/31/25

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

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

Address: Plaintiff

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

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

Signature/ Date: \_\_\_\_\_

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