NYSCEF DOC. NO. 127

INDEX NO. 718443/2019

RECEIVED NYSCEF: 01/17/2025

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 OF THE STATE OF NEW YORK
COUNTY OF QUEENS

| COUNTY OF QUEENS | |
|--|--|
| 126 34' ST Plaintiff -against- 1C TAX Defendant(s) | Index No/18443 - 19 Mortgaged Property: S7-24 39 S7 UTC NY SBL #: Sale Date: 1-12-25 |
| | —X |
| A. To be completed by the Referee | 2 2 14 |
| Final Judgement Amount per Judgment: | \$3,047,795. |
| Adjusted Judgment Amount (Upset Price): (This is the total amount due to the bank after post-s | \$ 37/9635\84 ale disbursements, fees, taxes, utilities fetc.) |
| Sale Price: (To calculate if there is a surplus, subtract the higher | ~ 1000 |
| surplus on line 4) | of the 2 from the 3 and enter any |
| 4. Surplus Amount (enter \$0.00 if no surplus) \$_ ** If there are surplus fund, attach proof/receipt the Treasurer, Comptroller, Commissioner of Fi | that the surplus amount was deposited with nance, Clerk of Court, etc.** |
| Referee's TOTAL compensation awarded/fees earned in this matter: | \$ |
| Referee Name: Joseph Mick | Telephone: 713-461 4311 |
| Address: 2 \ 5 \ Y \ 3 \ J6ma \ C_ am | |
| E-mail: | Date: |
| If plaintiff is also the putchaser, complete both B. ar | nd C.* 1/100 |
| B. To be completed by Plaintiff's Rep. C. To be con | mpleted by Purchaser |
| Name: WLISTING De Ansalu Name. | 10/ |
| Address: \ST \ GREANHARD Address: | Market |
| Telephone: Telephone: | P (MUNICIPI) |
| Email: Telephone: Telephone: _ | |
| Signature/Date: Signature/Da | ıte. |
| GALLA LAMENT SIGNATURO DE | <u> </u> |
| - | |

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

Rev. 12/19