

**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

**BRIDGE LOAN VENTURE V TRUST 2017-1**

**Index No.** 711617/2022

**Plaintiff,**

**-against-**

188-03 PINEVILLE LANE CORP.; MOHAMMAD RIPON MIAH; JHALAK DUTTA; ENVIRONMENTAL CONTROL BOARD; MAHMUDA RUMA; MIAH RIPON; JOHN DOE #1 (NAME REFUSED); JOHN DOE #2 (NAME REFUSED)

**Defendant.**

**MORTGAGED PROPERTY:**

99-16 191st Street, Hollis, NY 11423

**COUNTY:** Queens

**SBL #:** Block 10837, Lot 39

**Sale Date:** 2/7/2025

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

1. Final Judgment Amount per Judgment: \$ 801,239.51

2. Adjusted Judgment Amount (Upset Price): \$ 600,000

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

3. Sale Price: \$ 608,000

(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:** Dominick Calderoni, Esq.

**Telephone:** 718-319-1400

**Address:** 1614 Williamsbridge Road, Bronx, NY 10461

**Email:** BRONXATTYS@AOL.COM

**Signature/Date:** [Signature] 2/7/25

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

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

**Name:** CRISTINE DeAngelis

**Address:** 1875 GREENWOOD L

EAST MEADOW NY

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

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

**Signature/Date:** [Signature] 2/7/25

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

**Name:** MD. Islam Rahi

**Address:** 9103 2120 St

Queens Vll, ny 11428

**Telephone:** 929-400-7149

**Email:** MDIRAH181@gmail

**Signature/ Date:** [Signature]