

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

_____X

NYCTL

Plaintiff

-against-

LITTON MORT.

Defendant(s)

Index No. 715 763-20

Mortgaged Property:

131-26 140⁺ ST

BRAMAICA NY

SBL #: _____

Sale Date: 1-31-25

A. To be completed by the Referee

- Final Judgement Amount per Judgment: \$ 31,955²⁶
- Adjusted Judgment Amount (Upset Price): \$ 84,000
 (This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc.)
- Sale Price: \$ 530,000
 (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)
- Surplus Amount (enter \$0.00 if no surplus) \$ _____
 ** If there are surplus fund, 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: SWATI MANTION

Telephone: 917-622-8987

Address: _____

E-mail: swatimantione@verizon.net

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.

C. To be completed by Purchaser

Name: CRISTINE DeAngelis

Name: Shahab Uddin

Address: 1825 GREENWOOD
EAST MEADOW NY

Address: 611 Argyle Rd Apt 410
BALTIMORE MD 11236

Telephone: _____

Telephone: 917 436 9755

Email: _____

Email: _____

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

Signature/Date: [Signature] 1/3/25

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

Rev. 12/19