INDEX NO. 717934/2018

NYSCEF DOC. NO. 128 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	
SELENE FINANCE	
-against-	Mortgaged Property: 145-92 179 ST JAMAICA NY SBL#:
VATICY MATHREE Defendant(s)	Sale Date: 1-17-25
A. To be completed by the Referee	Х
1. Final Judgement Amount per Judgment:	\$594762 19
2. Adjusted Judgment Amount (Upset Price): (This is the total amount due to the bank after post-s	\$ 380500 sale disbursements, fees, taxes, utilities, etc.)
3. Sale Price: (To calculate if there is a surplus, subtract the higher	\mathcal{L}
surplus on line 4)	and chief any
4. Surplus Amount (enter \$0.00 if no surplus) \$_ ** If there are surplus fund, attach proof/receipt the Treasurer, Comptroller, Commissioner of Fi	t that the surplus amount was deposited with inance, Clerk of Court, etc.**
Referee's TOTAL compensation awarded/fees earned in this matter:	\$
Referee Name: MARTHA TAYLOR Address:	Telephone:
E-mail: Signature *If plaintiff is also the purchaser, complète both B. at	e/ Date: 1/1 / 10 28 and C.*
B. To be completed by Plaintiff's Rep. C. To be co	empleted by Purchaser
Name: CRISTING DEANGE IS Name: Address: 1805 Engy w or Address: Address:	Haintel
Telephone: Email: Signature/Date: Telephone: Email: Signature/Date: Signature/Date:	ate:
Additional Copies of this Form can be found at https://www.	

Rev. 12/19