

**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 BRONX**

U.S. BANK TRUST, N.A., AS TRUSTEE FOR LSF9 MASTER  
PARTICIPATION TRUST

Plaintiff,

-against-

ADALGIZA MARIA; ET. AL,

Index No. 381463/2008E

MORTGAGED PROPERTY: 2147  
ELLIS AVE  
BRONX, NY 10462  
COUNTY: Bronx

Defendant.

SBL #: \_\_\_\_\_  
Sale Date: December 2, 2024 at 02:15 PM

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

1. Final Judgment Amount per Judgment: \$1,010,592.18
2. Adjusted Judgment Amount (Upset Price): \$ 907,914.28  
(This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc.)
3. Sale Price: \$ 100  
(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) \$ 0  
*\*\*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: \$ 750

Referee Name: FLANK LOMAX Telephone: 845-519-0430

Address: 13 MADIR Hill DR. MADIR NY 10541

Email: FLANKL@GMAIL.COM Signature/Date: [Signature] 12/2/24

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

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

Name: Kinckles & Manfro  
Address: 120 White Plains Rd Tarrytown  
Telephone: 914 345 3020  
Email Address: \_\_\_\_\_  
Signature and Date: [Signature]

**C. To be completed by Purchaser**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Signature and Date: \_\_\_\_\_