

**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 RICHMOND**

US BANK TRUST NATIONAL ASSOCIATION, NOT IN ITS
INDIVIDUAL CAPACITY BUT SOLELY AS AN OWNER TRUSTEE
FOR VRMTG ASSET TRUST

Plaintiff,

Index No. 135451/2018

-against-

FABIANA POLIZZI; ET. AL,

MORTGAGED PROPERTY: 86
ARMSTRONG AVE
STATEN ISLAND, NY 10308
COUNTY: Richmond

Defendant.

BL #: 5315-28

Sale Date: May 15, 2025 at 10:00 AM

A. To be completed by the Referee

1. Final Judgment Amount per Judgment: \$521,069.88
2. Adjusted Judgment Amount (Upset Price): \$ 561,359.77
(This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc.)
3. Sale Price: \$ 572,000
(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) \$ 10640.23

***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: Indel Agency Telephone: 917 301 1362

Address: _____

Email: Indel A Agency 259@gmail.com Signature/Date: 5/15/25

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

B. To be completed by Plaintiff's Rep.

Name: B. Mirabello
Address: 34 Willis Ave #201, Mirabello NY 11301
Telephone: 712-741-1366
Email Address: B.Mirabello@chuck.com
Signature and Date: [Signature] 5-15-25

C. To be completed by Purchaser

Name: Mohammed Kheli
Address: 495 Klondike Ave SINY
Telephone: 347-768-3000
Email Address: khilew@aol.com
Signature and Date: Mohammed Kheli 05/15/2025