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NYSCEF DOC. NO. 38

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INDEX NO. 711905/2021

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

Plaintiff Plaintiff Mortgaged Property: 94-3-3 32 for pure 32 for	COUNTY O	F QUEENS	TO NEW YOR	CK.
A. To be completed by the Referee 1. Final Judgement Amount per Judgment: 2. Adjusted Judgment Amount (Upset Price): 3. Sale Price: (To calculate if there is a surplus, subtract the higher of line 1 or line 2 from line 3 and enter an surplus on line 4) 4. Surplus Amount (enter \$0.00 if no surplus) \$ ** If there are surplus fund, attach prooffreceipt 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: Jahren Astara Telephone: 917 194 3213 Address: 264 Remail: Signature/Date: 111124 *If plaintiff is also the purchaser, complete both B. and C.* To be completed by Plaintiff's Rep. C. To be completed by Purchaser Name: Address: Address: Address: Telephone: Email: 51 11 11 124 Telephone: Telephone: Telephone: Email: 51 11 11 124 Telephone: Telephone: Telephone: Email:	US B	Pank Nate	mal	-X Index No. <u>7//90</u> 5/
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Defendant(s) X To be completed by the Referee 1. Final Judgement Amount per Judgment: 2. Adjusted Judgment Amount (Upset Price): (This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc. 3. Sale Price: (To calculate if there is a surplus, subtract the higher of line 1 or line 2 from line 3 and enter an surplus on line 4) 4. Surplus Amount (enter \$0.00 if no surplus) \$ *** If there are surplus final, attach prooffreceipt 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: Manual Astoric	-against-			94-23 /32 hel
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(To calculate if there is a surplus, subtract the higher of line 1 or line 2 from line 3 and enter an surplus on line 4) 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: ** Referee Name: ** Referee Name: ** **If plaintiff is also the purchaser, complete both B. and C.* **If plaintiff is also the purchaser, complete both B. and C.* To be completed by Plaintiff's Rep. Name: ** Address: ** Address: ** **Address: ** Telephone: ** T	(This is the	total amount due to the b	set Price):	\$ 491,330,82
(To calculate if there is a surplus, subtract the higher of line 1 or line 2 from line 3 and enter an surplus on line 4) 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: ** Referee Name: ** Referee Name: ** **Indicator ** **If plaintiff is also the purchaser, complete both B. and C.* **If plaintiff is also the purchaser, complete both B. and C.* To be completed by Plaintiff's Rep. Name: ** Address: ** Address: ** ** Telephone:	3 Sale De	ion:	ank after post-sale	disbursements, fees, taxes, utilities, etc.)
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If plaintiff is also the purchaser, complete both B. and C. To be completed by Plaintiff's Rep. C. To be completed by Purchaser Name:	Referee's T earned in the Referee Name	ere are surplus fund, attacesurer, Comptroller, Composition awards matter:	th proof/receipt the missioner of Finan arded/fees	Telephone: 917 49f 3253
To be completed by Plaintiff's Rep. Name: Address: Telephone: Email: Signature (Day 10 and C.*) To be completed by Purchaser Name: Address: Telephone: Email: Email:		Colditore 1000 and C	MSTOVIA, IU	11163
Name: Marine De Magelo Name: Address: Address: Telephone: Email: Email:	*If plaintiff i	s also the purchaser, com	plete both B. and C	ate: 11/11/24
Telephone: Email: Email: Email:	Name MAT	eted by Plaintiff's Rep.	_ Name:	leted by Purchaser
Email: Email:	Telephone			1 / munity
	Email:	-011	Telephone:	
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Additional Copies of this Form can be found at https://www.nycourts.gov/forms/foreclosure/

Rev. 12/19