

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

NY CT L

Index No. 151573-22

Plaintiff

Mortgaged Property:

MANSEVOORT BLVD

SI NY

SBL #:

Sale Date: 2-20-2025

-against-

BETTINA CONT.

Defendant(s)

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

1. Final Judgement Amount per Judgment: \$ 20,000 -
2. Adjusted Judgment Amount (Upset Price): \$ 20,263.43  
(This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc.)
3. Sale Price: \$ - / 00 -  
(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) \$ NONE  
\*\* 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: JAMES BIRCH

Telephone: 218 442 1295

Address: 1189 FOREST AVE

E-mail: jbirch@ssd/legal.com

Signature/ Date:

[Signature] 2/20/25

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

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

Name: CRISTINE DeAngelis

Address: 1825 GREENWOOD L

EAST MEADOW NY

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature/Date: [Signature]

**C. To be completed by Purchaser**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Plaintiff

Email: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

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

Rev. 12/19