

**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/COUNTY COURT OF THE STATE OF NEW YORK:

COUNTY OF Queens

US Bank National Association, As Trustee, Successor in Interest to
Bank of America, National Association, as Trustee, Successor by
Merger to LaSalle Bank, National Association, as Trustee for Merrill
Lynch First Franklin mortgage Loan Trust, Mortgage Pass-Trough
Certificate, Series 2007-1,

Plaintiff,

-against-

Mohammed Tagin aka Mohammed Tajin, et
al.

Defendant.

Index No. 710441/2017

MORTGAGED PROPERTY:

32-28 Utopia Parkway, Flushing, NY
11358

COUNTY: Queens

SBL #: 4937-17

Sale Date: November 15, 2024

A. To be completed by the Referee

1. Final Judgment Amount per Judgment: \$ 1,128,276.65

2. Adjusted Judgment Amount (Upset Price): \$ 1,371,336.14
(This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc.)

3. Sale Price: \$ 1,000.00
(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) \$ 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:

\$ 750.00

Referee Name: Fearonce Gerard LaLande, Esq.,

Telephone: 718-217-7146

Address: 207-01 Hillside Ave, Queens Village, NY 11427

Email: _____

Signature/Date: Fearonce Gerard LaLande

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

B. To be completed by Plaintiff's Rep.

Name: McCalla Raymer Liebert Pierce, LLC

Address: 420 Lexington Ave, Suite 840
New York, NY 10170

Telephone: 7329025399

Email: nypostsalerequests@mccalla.com

Signature/Date: [Signature] 11-15-24

C. To Be Completed by Purchaser

Name: Same as plaintiff

Address: _____

Telephone: 7329025399

Email: nypostsalerequests@mccalla.com

Signature/ Date: _____