FILED: BRONX COUNTY CLERK 11/06/2024 09:07 AM

NYSCEF DOC. NO. 139

INDEX NO. 35930/2015E RECEIVED NYSCEF: 11/06/2024

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 Bronx
	Emigrant Index No. 35930/2015
	Plaintiff, -against- MORTGAGED PROPERTY: 3234 Widtham Avenue
	Abrahams COUNTY: Bronx SBL #: Sec 14 Block 4755 Lot 60
	Sale Date: 114/24
A.	To be completed by the Referee
	1. Final Judgment Amount per Judgment: \$ 584,820.94
	2. Adjusted Judgment Amount (Upset Price): \$ \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(
	3. Sale Price: \$ \(\lambda \) (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) \$ **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: Xalicia Alexa Telephone: 914-668-4600 Address: 200 Harrannock Aug Ste Do White Places XVIII
	Email: La va Cooleran law from Signature/Date: Steria Signature/Date: 11/4/4/4 *If plaintiff is also the purchaser, complete both B. and C.
В.	To be completed by Plaintiff's Rep. C. To Be Completed by Purchaser
	Name: JUZAnne Mango as agent for Name: DIZANNE Mango As Agent for Address: 418-35 Queens 817d 9th Floreson Address: 118-35 Queens 817d 9th Floreson & Rosenthal Forest Hills, NY 11375 9th Rosenthal
	Telephone: 18 26-1100 Telephone:
	Signature/Date: Junany Mango As Agent Signature/Date: Junany Mango As
Add	ditional Copies of this Form can be found at https://www.nycourts.gov/forms/foreclosure/ Rev. 12/19