

**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**WELLS FARGO BANK, NATIONAL ASSOCIATION,
AS TRUSTEE FOR SECURITIZED ASSET BACKED
RECEIVABLES LLC TRUST 2005-FR4 MORTGAGE
PASS-THROUGH CERTIFICATES, SERIES 2005-FR4
Plaintiff,

-against-

EARL MOORE, RENEE MOORE, VELOCITY INVESTMENTS
LLC, LVNV FUNDING LLC, NEW YORK CITY PARKING
VIOLATIONS BUREAU, NEW YORK CITY TRANSIT
ADJUDICATION BUREAU, "JOHN DOE"
Defendant.Index No. 700542/2017**MORTGAGED PROPERTY:**116-30 130th STREET
SOUTH OZONE PARK, NY 11420COUNTY: QueensSBL #: Block 11685, Lot 21Sale Date: October 11, 2024**A. To be completed by the Referee**

1. Final Judgment Amount per Judgment: \$ 562,146.74
2. Adjusted Judgment Amount (Upset Price): \$ 640,364.05 626,507.32
(This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc.)
3. Sale Price: \$ 501,573.74
(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) \$ 0.00
***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:\$ 750.00Referee Name: Jjais A. Forde, Esq.Telephone: 516-350-8325Address: 814 W Merrick Road, Suite 800, Valley Stream, NY 11580-4829

Email: _____

Signature/Date: Jjais A. Forde 10/11/2024**If plaintiff is also the purchaser, complete both B. and C.***B. To be completed by Plaintiff's Rep.**Name: Gross Polowy LLCAddress: 1775 Wehrle Drive, Suite 100,
Williamsville, NY 14221Telephone: (716) 204-1700Email: info@grosspolowy.comSignature/Date: [Signature] 10.11.24**C. To Be Completed by Purchaser**Name: Sore in plaintiff

Address: _____

Telephone: _____

Email: _____

Signature/ Date: _____