## FILED: BRONX COUNTY CLERK 06/10/2025 12:02 PM

NYSCEF DOC. NO. 214

INDEX NO. 35179/2013E

RECEIVED NYSCEF: 06/10/2025

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 OFBLO N   |                |  |
|  | LPP MORTANG  |                | Index No. 35179/2013 R                               |
|  | Plaintiff,   |                | MORTGAGED PROPERTY:                                  |
|  | 2004   |                | 4437 FURMAN ALD                                      |
|  | -against-  |                | TO TO TO ALL   |
|  | DOUNG LEE PETERKIN<br>Defendant.   |                | COUNTY: 38 Sale Date: 6-9-25                         |
| ۸  | To be completed to the   |                | Sale Date:   |
| Λ.   | To be completed by the Referee  1. Final Judgment Amount per Judgment:   | \$             | 520, 148   |
| D  | <ol> <li>Adjusted Judgment Amount (Upset Price):<br/>(This is the total amount due to the bank after post-sale</li> </ol>                          | \$<br>disburs  | 930, 397.06<br>ements, fees, taxes, utilities, etc.) |
|  | 3. Sale Price:  (To calculate if there is a surplus, subtract the higher of  | \$             | 1-040  |
|  | 4. Surplus Amount (enter \$0.00 if no surplus) **If there are surplus funds, attach proof/receipt Treasurer, Comptroller, Commissioner of Finance, | \$             | be surplus amount                                    |
|  | Referee's TOTAL compensation awarded/fees earned in this matter:   | \$             | 9  |
|  | Address: 37/8 // 0/18/4/0 5/12, 526 /  | onc            | phone: 516 3049418                                   |
|  | Email: The Legal Nef *If plaintiff is also the purchaser, complete both B. an  | Signa<br>nd C. | ature/Date: LIB 6/9/202                              |
| B.   | To be completed by Plaintiff's Rep.  | СТ             | o Po Complete Hear                                   |
|  | Name: BREBG EVELYN   | C. I           | o Be Completed by Purchaser                          |
|  | Address: 18LD Congtry 20   |                | lame: Plainin  |
|  | CAPLE PL NY  | ,-             | address:   |
|  | Telephone: 5/6-605-45-69   | т              | alenhone   |
|  | Email: SEVELYND Suction Con  |                | elephone:  |
|  | Signature/Date: 481 10-9-25  |                | mail:  |
| MODATURA/ Data:  |  |                |  |
| Additional Copies of this Form can be found at https://www.nycourts.gov/forms/foreclosure/ |  |                |  |