

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 Richmond

WELLS FARGO BANK, N.A.

Index No. 135011/2023

Plaintiff,

-against-

LEILA HAIDER, YVONNE HENNEGAN AS HEIR TO THE ESTATE OF DANIEL HENNEGAN, PUBLIC ADMINISTRATOR OF RICHMOND COUNTY AS ADMINISTRATOR OF THE ESTATE OF DANIEL HENNEGAN, NEW YORK CITY PARKING VIOLATIONS BUREAU, NEW YORK CITY ENVIRONMENTAL CONTROL BOARD, MIDLAND FUNDING LLC, PEOPLE OF THE STATE OF NY
Defendant.

MORTGAGED PROPERTY:

26 Prospect Avenue

Staten Island, NY 10301

COUNTY: Richmond

SBL #: Block 80 Lot 3

Sale Date: February 20, 2025

A. To be completed by the Referee

1. Final Judgment Amount per Judgment: \$ 382,883.07

2. Adjusted Judgment Amount (Upset Price): \$ ~~471,488.73~~ \$365,500

(This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc.)

3. Sale Price: \$ 415,000

(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) \$ 32,116.93

***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:

\$ 1,000.00

Referee Name: Anthony J. Lamberti, Esq.

Telephone: 718-238-9826

Address: 900 South Avenue, Suite 401, Staten Island, NY 10314

Email: ajl@nyelderlaw.net

Signature/Date: Anthony J. Lamberti 2/20/25

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

B. To be completed by Plaintiff's Rep.

Name: Gross Polowy LLC

Address: 1775 Wehrle Drive, Suite 100,
Williamsville, NY 14221

Telephone: (716) 204-1700

Email: info@grosspolowy.com

Signature/Date: _____

C. To Be Completed by Purchaser

Name: SANAD NASR

Address: 81 Almond St

SI NY 10312

Telephone: 718 1954-0119

Email: Sales & Personalized moving

Signature/Date: _____