

**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

U.S. BANK NATIONAL ASSOCIATION, NOT IN ITS
INDIVIDUAL CAPACITY BUT SOLELY AS
TRUSTEE FOR THE RMAC TRUST, SERIES
2016-CTT

Plaintiff,

-against-

OLAIYA KOREDE, JOHNSON JOSEPH, NEW YORK CITY TRANSIT
ADJUDICATION BUREAU, NEW YORK CITY ENVIRONMENTAL
CONTROL BOARD, CRIMINAL COURT OF THE CITY OF NEW
YORK, MIDLAND FUNDING, LLC A/P/O WEBBANK

Defendant.

Index No. 719959/2022

MORTGAGED PROPERTY:

183-12 Elmira Avenue

SAINT ALBANS, NY 11412

COUNTY: Queens

SBL #: Block 10349 and Lot 11

Sale Date: November 15, 2024

A. To be completed by the Referee

1. Final Judgment Amount per Judgment: \$ 720,116.48

2. Adjusted Judgment Amount (Upset Price): \$ ~~723,887.03~~ 575,000

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

3. Sale Price: \$ 575,000

(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) \$ _____

***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: Alan C. Kestenbaum, Esq.

Telephone: 718-281-0100

Address: 42-40 Bell Blvd, Suite 302, Bayside, NY 11361

Email: Alan@KandSesq.com

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

**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: [Signature] 11/15/24

C. To Be Completed by Purchaser

Name: _____

Address: [Signature]

Telephone: _____

Email: _____

Signature/ Date: _____