NYSCEP DOC. NO. 11

INDEX NO. 130404/2012

RECEIVED NYSCEF: 12/05/2024

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 S	STATE OF NEW YORK:
COUNTY OF HICKORY	
	Index No. (30404) 2012
45BCBACK	
Plaintiff,	MORTGAGED PROPERTY:
-against-	CY ATIS TOUR LIVE
	15257
War OKUOL	COUNTY: PICHMOND
Defendant.	SBL #: 7866.45
A. To be completed by the Referee	J=1
Final Judgment Amount per Judgment:	412.775. SV
Adjusted Judgment Amount (Upset Price)	491. CLX 31
	er post-sale disbursements, fees, taxes, utilities, etc.)
3. Sale Price:	\$ 620,000
(to compute surplus, subtract line 3 from high	ner amount indicated on line 1 or line 2 and enter on line 4)
4. Surplus Amount (enter \$0.00 if no surplus	, <u> </u>
Treasurer, Comptroller, Commissioner of Final	eipt that the surplus amount was deposited with the ence, Clerk of Court, etc.
Referee's TOTAL compensation awarded/fee	
earned in this matter:	5 00 XD
Referee Name: TOWN WAS	Telephone: 411 - 887 - 1400
Address: 150 170900000 1	10038
*If plaintiff is also the purchaser, complete both	Signature/Date: 412604
·	
Name: VISTING DEADER	C. To Be Completed by Purchaser Name: Willy RABOF ESKAN
Address:	Address: 452 main T
	<u> </u>
Telephone:	Telephone:
Email:	D6/21 Fmail:
Signature/Date: [Margell 9/0	Signature/ Date: Salar July (9)
Additional Copies of this Form can be found at <u>https</u>	s://www.nycourts.gov/forms/foreclosure/
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