

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 BRONX

HSBC BANK USA, N.A., AS INDENTURE TRUSTEE
FOR THE REGISTERED NOTEHOLDERS OF
RENAISSANCE HOME EQUITY LOAN TRUST 2007-2,

Plaintiff,

-against-

ESTATE OF DOROTHY STRIPLIN; IRA COHEN, AS ADMINISTRATOR OF THE
ESTATE OF DOROTHY STRIPIN; NEW YORK STATE DEPARTMENT OF TAXATION
AND FINANCE; PEOPLE OF THE STATE OF NEW YORK; UNITED STATES OF
AMERICA - INTERNAL REVENUE SERVICE, SLYVIA STRIPLIN, OJI STRIPLIN,

Defendant.

Index No. 380817/2012E

MORTGAGED PROPERTY:

915 Arnow Avenue, Bronx, NY 10469

COUNTY: BRONX

SBL #: 2-4552-1, 2

Sale Date: May 5, 2025

A. To be completed by the Referee

1. Final Judgment Amount per Judgment: \$ 597,017.82

2. Adjusted Judgment Amount (Upset Price): \$ 487,937.95

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

3. Sale Price: \$ 590,900.00

(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

***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:

\$ _____

Referee Name: Louis J. Russo III, Esq.

Telephone: 718-931-0468

Address: 1200 Morris Park Avenue, Bronx, NY 10461

Email: Loujrusso@aol.com

Signature/Date: [Signature] 5/5/25

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

B. To be completed by Plaintiff's Rep.

Name: Terence Gee

Address: 144.36 78th Avenue

Flushing, N.Y. 11367

Telephone: 917-324-2033

Email: _____

Signature/Date: [Signature] 5.5.25

C. To Be Completed by Purchaser

Name: Matthew Aldhart

Address: 147-18 Hillside Ave

Jamaica, NY 11435

Telephone: _____

Email: _____

Signature/Date: [Signature]

Additional Copies of this Form can be found at <https://www.nycourts.gov/forms/foreclosure/>