

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 KINGS

BANK OF AMERICA, NATIONAL ASSOCIATION AS SUCCESSOR
BY MERGER TO LASALLE BANK NATIONAL ASSOCIATION, AS
TRUSTEE UNDER THE POOLING AND SERVICING AGREEMENT
DATED AS OF DECEMBER 1, 2006, GSAMP TRUST 2006-HE8,

Plaintiff,

-against-

CATHERINE M. LANG AKA CATHERINE MISCHOLANG,
AS HEIR AND DISTRIBUTE OF THE ESTATE OF
PETER LANG AKA PETER J. LANG SR, ET AL,

Defendant.

Index No. 130640/2009

MORTGAGED PROPERTY:

110 LEWISTON ST, STATEN ISLAND,
NY 10314

COUNTY: KINGS

SBL #: 2389-180

Sale Date: APRIL 17, 2025

A. To be completed by the Referee

- Final Judgment Amount per Judgment: \$ 760,278.28
- Adjusted Judgment Amount (Upset Price): \$ 644,961.43
(This is the total amount due to the bank after post-sale disbursements, fees, taxes, utilities, etc.)
- Sale Price: \$ 730,000
(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)
- Surplus Amount (enter \$0.00 if no surplus) \$ 115,038.57
***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

NOT PAID
NO CHECK

Referee Name: Joseph E. Magnotti, Esq.

Telephone: 7184471810

Address: 1110 South Avenue, Suite 402, Staten Island, NY 10314

Email: jem@magnottilaw.com

Signature/Date: [Signature]

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

B. To be completed by Plaintiff's Rep.

Name: B. M. [Signature]

Address: 34 Willis Ave, [Signature]

Telephone: 718-744-1866

Email: B.M. [Signature]@Auction.com

Signature/Date: [Signature] 4-17-25

C. To Be Completed by Purchaser

Name: Cat Villanueva

Address: [Signature]

Telephone: [Signature]

Email: [Signature]

Signature/Date: [Signature]

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