## TO BE COMPLETED FOR EVERY SALE BY A COURT-APPOINTED REFEREE AND FILED WITH COUNTY CLERKAND CHAMBERS WITHIN 30 DAYS OF SALE

## FORECLOSURE ACTION SURPLUS MONIES FORM

## SUPREME COURT OF THE STATE OF NEW YORK \_\_\_\_\_COUNTY

	-against-	Plaintiff(s) Defendant(s)	Part Hon. Index N	No	
Prop	erty Address:				
Judg	ment of Foreclosure Date				Sale Date
A.	Were there surplus funds?	Yes		No	
B.	To be completed by the Referee				
	Amount of final judgment of foreclosure \$				
	Sale price of property	01000010		¢	
	Upset price			¢	
	Surplus amount			¢	
C.	To be completed by Referee conducting the sale (please print)				
	Name: Telephone:				
	Address:				
	E-mail Address:				
	Signature and Date:				
D.	To be completed by Plaintiff's	_	E.	To be con	npleted by Purchaser
	Representative				· · ·
	Name (please print)			Name (ple	ease print)
	Address:			Address:	
	E-mail Address:			E-mail Ac	ddress:
	Telephone:			Telephone	e: