

HIDALGO COUNTY AUDITOR'S OFFICE
HIDALGO COUNTY, TEXAS

PURCHASE AFFIDAVIT

THE STATE OF TEXAS

COUNTY OF HIDALGO

I, David T. Marroquin, do hereby state that the item(s) listed on the invoice(s) named below
PURCHASER'S NAME
were purchased for the exclusive use of Hidalgo County:

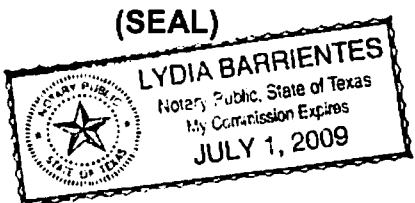
INVOICE NO.	DATE	AMOUNT	NAME OF COMPANY
^(Fund 1100) Trace # 902974001086	1-30-2009	99.75	Notary Public Und-TX Notary Publ.
TCN # 87 996082665	3-11-2009	44.20	L-1 Identify Solutions
Fund 1243	3-11-2009	125.00	NGA - TX ORDER FORM
	3-11-2009	250.00	CGC - Application
TOTAL		<u>518.95</u>	✓ 9-1243-412-00-023-002-0-584 - 375.00 ✓ 9-1243-412-00-023-002-0-339 - 44.20 ✓ 9-1100-412-00-033-001-0-529 - 99.75

I further state that I was authorized to make such a purchase(s).

I therefore request reimbursement of this invoice (these invoices) from Hidalgo County and that payment be made payable to me.

SIGNATURE: David T. Marroquin
TITLE: Probate Court Investigator
PERSON MAKING PURCHASE

Before me Lydia Barrientes, a Notary Public, appeared David T. Marroquin and on his oath depose and stated that the foregoing facts as set forth in the above request for expense reimbursement are true and correct in every respect. He /s/ further stated he /s/ requested payment of the same.



Lydia Barrientes
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

[Signature]
APPROVAL: DEPARTMENT HEAD

2009 APR 14 AM 8 36

[Signature]
APPROVAL: COUNTY AUDITOR

2911

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



DAVID J MARROUJIN
200 E KENSIA
MCALLEN, TX 78501

02-10-2013

POSTAGE WILL BE PAID BY ADDRESSEE
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES
FIRST CLASS PERMIT NO. 1000 MCALLEN, TX
POST OFFICE BOX 1000 MCALLEN, TX 78501
POSTAGE WILL BE PAID BY ADDRESSEE

David Marroujin

1233075-2

02-10-2013

David Marroujin

Draft 76 Detail DIAMOND CLUB CHKG

[Click here to print this page](#)

[Draft Search](#)

YTD Dividends	Annual Percent Yield	Dividend Rate	Prior-Year Dividends
\$11.04	Tiered Rate	Variable%	\$102.58

Date	Description	Amount	Balance
01/30/2009	Withdrawal @ NOTARY PUBLIC UND.-TX NOTARY PUBLIC UND.-TX TALLAHASSEE FL US Trace #902924001086	-\$99.75	\$10,275.07

FOR
:33498E



MCALLEN, TX 78501
MISSION, TX 78572
WESTLACO, TX 78596
HARLINGEN, TX 78550
956-661-4000

PAY TO THE ORDER OF L-1 Identity Solutions
Forty Four & 1/100

\$ 44.20

DATE: 3/11/09



EB# 1023

[Handwritten Signature]

88-82293149

1023



FAST check
Fingerprint Applicant Services of Texas

1-888-467-2080

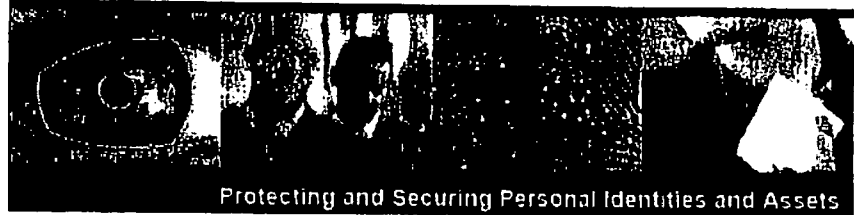
Applicant Name: Marroquin David
Last First Initial

Amount Paid: 44.20 Date: 3-11-09

I certify that the above amount has been paid for fingerprinting services and that fingerprints have been taken and submitted.

Rebecca Lopez 3-11-09
Operator Signature Date

TCN# 8 499608 2665



Texas Registration

IBT (888) 467-2080

Name: David T Marroquin
 Date Entered: 3/2/2009
 Amount: \$44.20

ORI Number: TX922180Z
 Fingerprint Reason: 61: TxGC
 411.1386 Guardians appointed by
 county clerk

RegID

PH09002336P

Location Information

EDINBURG
 TEACHERBUILDER . COM
 2524 WEST FREDDY
 GONZALEZ DRIVE, EDINBURG
 TX

Your Appointment

March 11, 2009 at 12:00 pm

Remember to bring your FAST
 Fingerprint Pass to your appointment

Remember to bring a valid photo id to your appointment. A photo will be taken for the state of Texas, so please dress appropriately. If you are unable to make your appointment, contact L-1 Enrollment Services at least one day before your appointment at (888) 467-2080 with your registration number to reschedule.

Valid forms of ID: Texas DL or ID, Current Passport, Military ID, U.S. Naturalization Certificate

Secondary forms of ID:

Other states DL or photo ID, Original or certified copy of birth certificate, Original or Certified copy of a U.S. DOS Certification of Birth issued to U.S. citizens born abroad, Original or Certified copy of court order with name and date of birth

SUPPORTING DOCUMENTATION:

School Records, Insurance Policy, Vehicle title, Military records, Current military dependant ID card,

Please print a copy of this page for your records.

1022

88-8629/3149

3/11/09

DATE

PAY TO THE ORDER OF *for Guardianship Contributions* \$ 250.⁰⁰/₁₀₀

Two Hundred Fifty & no/100

DOLLARS



SECURITY
Federal Credit Union

MCALLEN, TX 78501
MISSION, TX 78572
WESLACO, TX 78596
HARLINGEN, TX 78550
956-661-4000

FOR

⑆3⑆4986292⑆

0004543468⑈1022

for Lydia



**APPLICATION FOR TEXAS EXAM AND
NATIONAL CERTIFIED GUARDIAN CERTIFICATION**

\$250 application and exam fee for the Texas Exam and National Certified Guardian Certification
\$100.00 exam application fee for the Texas Exam (only if applicant already possesses NCG Certification)
(\$100 Re-testing fee)

1. Full Name: David T. MARROQUIN
(as you wish it to appear on your certificate)

Exam Date: 05/18/2009 Exam location: Austin, Texas

I would like to take my exam in the following manner: Online (using my own laptop)
 Using paper and pencil

2. Business/Firm Name: Hidalgo County Probate Court.

3. Mailing Address: 100 N. Closter, 3rd Floor

City: Edinburg State: Texas Zip 78539

4. Work Telephone Number: 956-318-2385 Fax Number: 956-318-2387

5. Home Telephone Number: 956-687-4274 E-mail Address: cltmarroquin@yahoo.com

Check # _____ for \$ _____ is enclosed.

Please make check payable to Center for Guardianship Certification.

MasterCard/Visa#: _____ Exp. Date: _____

Three-Digit Security Code: _____ Signature: _____

Return Application with Appropriate Fees to:

Center for Guardianship Certification
PO Box 5704
Harrisburg, PA 17110
(717) 238-4689 Phone ♦ (717) 238-9985 Fax

APPLICATION DEADLINE IS 30 BUSINESS DAYS PRIOR TO SCHEDULED EXAM DATE!

Center for Guardianship Certification
PO Box 5704, Harrisburg, PA 17110
717-238-4689 ♦ 717-238-9985 (fax)
www.guardianshipcert.org

6. List your experience providing guardianship or other alternative protective services of person or estate for the last two years, beginning with the most recent. (optional)

Employer Name/Address	Position	Start and end dates
Hidalgo County Probate Court 100 N. Glass, Edinburg, TX 78539	Investigator	04/30/05 to present.
Social Security Admin. 3004 N. McCall, McAllen, TX 78501	Field Rep.	12/78 - 05/2001

7. Have you ever been convicted or pled guilty or no contest to a felony? Yes No

8. Have you ever been found civilly liable for an action of fraud, moral turpitude, misrepresentation, material omission, misappropriation, theft, or conversion? Yes No

If yes, please submit a letter of explanation, including the case number.

9. Have you ever been relieved of responsibilities as a guardian or conservator by a court, employer, or client for actions involving fraud, misrepresentation, material omission, misappropriation, theft, or conversion? Yes No

If yes, please submit a letter explaining the circumstances.

10. Are you bonded in accordance with Texas statutes and local practice? Yes No

If no, please explain.

11. Have you ever been found liable in a subrogation action by an insurance or bonding agent? Yes No

If yes, please explain.

12. Do you have any special needs requiring CGC attention? Yes No

I certify that the information provided in this application is true and correct to the best of my knowledge and belief and understand and agree that I have a continuing obligation to advise the Center for Guardianship Certification if there is a change in circumstances.

Date 3/11/09

(Must be signed before a Notary Public)

Signature of Applicant David T. Marroquin

State of TEXAS

County of Hidalgo

The foregoing instrument was acknowledged before me this 11th day of March, 2009

by David T. Marroquin who is personally known to me or who has produced as identification and who did not take an oath.

[Signature]

Center for Guardianship Certification
A 17110 • 717-238-4689 (fax) 717-238-9985 www.guardianshipcert.org



JULY 1, 2009

National Certified Guardian Declaration and Agreement



I affirm that I have carefully read and voluntarily agree to be bound by the Terms and Conditions of Certification listed below. Furthermore, I declare under penalty of perjury that the representations contained in this Declaration are true and complete.

Candidate Name: David T. MARCOVIN Date: 3/11/09 Telephone Number: 956-318-2385 Address: 100 N. Closter, 3rd Floor, Irving, Texas 76035

Upon certification, the applicant and the CGC Board will be bound by the terms and conditions contained in this document. I understand that permission to use the certification marks National Certified Guardian is valid for a period of two years. At the end of such period, if the certification is not renewed, the certification expires and any right to use the marks will terminate. If I fail to comply with requirements to renew my certification, I agree to cease use of the marks immediately. I understand that the CGC Board may relinquish any rights I may have in the use of its marks if I fail to maintain a current certification status.

I have read and understand the NGA Model Code of Ethics, as well as the CGC Rules and Regulations Regarding Certification and Re-Certification of National Certified Guardians. I agree to adhere to the provisions of those documents as they presently exist and as they may be amended from time to time.

I further understand and agree that the CGC Board has the absolute and unrestricted right to revoke any rights I may have to use its marks National Certified Guardian if it finds that I have failed to comply with the NGA Model Code of Ethics and the CGC Rules and Regulations Regarding Certification and Re-Certification of National Certified Guardians. In consideration of the certification granted hereby, I further agree that neither the CGC Board nor its directors, officers, employees and others acting on its behalf shall be liable to me for any actions taken or omitted to be taken in any official capacity or in the scope of employment, except to the extent that such actions or omissions constitute willful misconduct or gross negligence, and I hereby release the CGC Board and the other persons identified above from any liability for such actions or omissions.

CGC will take every precaution to ensure the exam is secure from the testing location to the CGC offices. CGC utilizes courier or overnight services to send the exams and, due to this process, an exam may be lost or destroyed prior to grading. In the unlikely event this occurs, it will be the responsibility of the candidate to retake the exam at no additional fee.

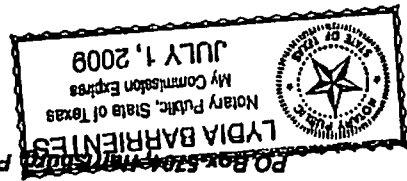
I affirm that I have read carefully and understand the items set forth in this statement, including the release of liability and the items described herein. I further affirm that my statements are true and complete to the best of my knowledge and freely given.

Candidate: David T. MARCOVIN Signature: [Signature] Date: 3/11/09 State of: TEXAS County of: Hidalgo

The foregoing Declaration and Agreement was acknowledged before me this 11th day of March 2009 by David T. Marcovin who is personally known to me or has produced appropriate identification.

Notary Public

Center for Guardianship Certification PA 17110 • 717-238-9985 (fax) 717 238-4689 • www.guardianshipcert.org



1024
88-8629/3149

3/11/09
DATE

PAY TO THE ORDER OF

NGA

Five + 20/100

\$ 125.⁰⁰/₁₀₀

DOLLARS



SECURITY
1st
MCALLEN, TX 78501
MISSION, TX 78272
WESLACO, TX 78696
HARLINGEN, TX 781
Federal Credit Union
988-681-4000

De Khaled Twany

(Handwritten mark)

(Signature)

FOR
⑆314986292⑆



NATIONAL GUARDIANSHIP ASSOCIATION

174 Crestview Drive, Bellefonte, PA 16823

Toll Free: 877-326-5992

Fax: 814-355-2452

Email: info@guardianship.org

Website: www.guardianship.org

Information Sheet

Use This Form To Register For NGA/Texas Specific Review Courses Or To Purchase NGA and/or Texas Study Materials

The Review Course conducted by the National Guardianship Association (NGA) is designed to help you prepare for the Texas Guardianship Certification Examination. NGA "Approved Educators" will conduct the course that covers both the national certification and Texas specific material that is included in the integrated exam. The course registration fee includes copies of both the Texas-specific Study Guide and NGA Study Guide, which incorporates the Model Code of Ethics and the NGA Standards of Practice. The Study Guides, CDs and audio tapes are also available for purchase separately without registering for a Review Course.

The exams are conducted by the Center for Guardianship Certification and courses are run by NGA, two entirely different organizations. Therefore, registering for an exam and a course is a two-step process and payment must be made separately to each organization. Registering for the review course or ordering study materials does not automatically register you for the exam and vice versa.

1. **For information on the Exam** you must contact the Center for Guardianship Certification by calling 717-238-4689 or obtain the exam registration form at: www.guardianshipcert.org
2. **To register for the Review Course or order the study materials** offered by the National Guardianship Association, use this form. Order Study Guides as part of course registration or separately. Study Guides will not be available for purchase at the course locations.

SHIPPING & HANDLING INFORMATION

1. Orders are shipped Priority Mail within three (3) business days of receipt.
2. If you are ordering between 2-6 sets (3-12 books, not including a cd or tape with your order) there is an additional \$12.00 shipping and handling fee that is required. Any orders over 12 books will need to call the NGA office for the shipping quote (877-326-5992).
3. Orders of 1 set (2 books maximum) may be shipped Express Mail (1-2 day) at your expense for an additional \$17.50. These orders still have the 3 business day processing time.

IMPORTANT

Email address must be provided to receive a Review Course Registration Confirmation

**REVIEW COURSE APPLICATIONS MUST BE RECEIVED IN THE NGA BUSINESS OFFICE
7 BUSINESS DAYS IN ADVANCE OF REVIEW COURSE DATE**



NATIONAL GUARDIANSHIP ASSOCIATION
TX ORDER FORM

174 Crestview Drive, Bellefonte, PA 16823

Toll Free: 877-326-5992

Fax: 814-355-2452

Email: info@guardianship.org

Website: www.guardianship.org

Indicate Review Course Date & Location: _____

Before registering for a review course, please be certain a review course is being offered in conjunction with your exam by checking our website www.guardianship.org.

MEMBER RATES - To qualify indicate that you are a member of ____ NGA

- ____ Register me for the Review Course with both NGA and Texas Study Guides for \$130 \$ _____
- ____ Register me for the Review Course with just the NGA Study Guide for \$90 \$ _____
- ____ Register me for the Review Course with just the Texas Study Guide for \$90 \$ _____
- ____ Register me only for the Review Course with no Study Guides for \$60 \$ _____
- ____ Send me both the NGA and TX Study Guides for \$80 \$ _____
- ____ Send me the NGA Study Guide for \$40 \$ _____
- ____ Send me the Texas Study Guide for \$40 \$ _____
- ____ Send me the NGA Audio Study CD (Does not contain TX information) for \$20 \$ _____
- ____ Send me the NGA Audio Study Tape (Does not contain TX information) for \$20 \$ _____

NON MEMBER RATES

- ____ Register me for the Review Course with both NGA and Texas Study Guides for \$175 \$ _____
- ____ Register me for the Review Course with just the NGA Study Guide for \$125 \$ _____
- ____ Register me for the Review Course with just the Texas Study Guide for \$125 \$ _____
- ____ Register me only for the Review Course with no Study Guides for \$85 \$ _____
- ____ Send me both the NGA and TX Study Guides for \$100 \$ _____
- Send me the NGA Study Guide for \$50 \$ 50.00
- Send me the Texas Study Guide for \$50 \$ 50.00
- Send me the NGA Audio Study CD (Does not contain TX information) for \$25 \$ 25.00
- ____ Send me the NGA Audio Study Tape (Does not contain TX information) for \$25 \$ _____

____ Shipping and Handling fees are required if ordering more than 2 sets of Study Guides
 Express shipping (1-2 day) is also available. Additional Shipping Fees \$ _____
 (See front page for shipping details)

TOTAL AMOUNT OF PAYMENT \$ 125.00
 (Our Federal ID# 36-3591860)

Name DAVID T. MARRQUIN Company Hidalgo County Probate Court.

Shipping Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

TO MAIL: Enclose Check or Money Order Payable to NGA and Address To:

NGA
174 Crestview Drive
Bellefonte, PA 16823-8516

TO FAX: Provide Credit Card Information and Fax To: 814-355-2452

____ VISA ____ MasterCard Card # _____ Exp. Date _____

Printed Name on Card _____ Signature _____