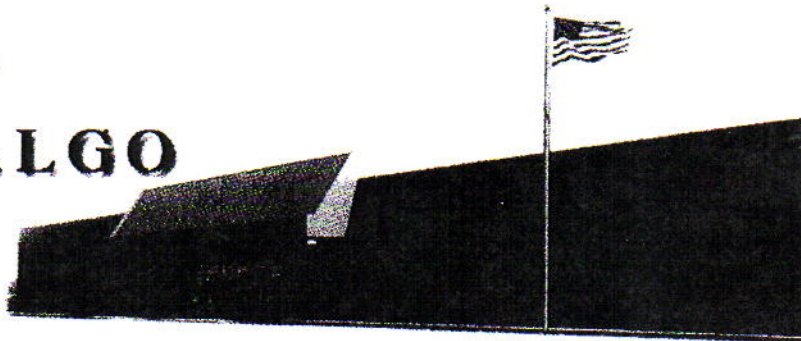


Office of Tax Assessor-Collector  
**COUNTY of HIDALGO**



*Armando Barrera, Jr., RTA*  
March 14, 2012

Assessor and Collector

The Honorable Ramon Garcia  
Hidalgo County Commissioners  
Edinburg, Texas 78539

P.O. Box 178  
Edinburg, Texas 78540-0178  
(956) 318-2157 • Fax (956) 318-2733

Re: See attached list

Gentlemen:

As per Section 31.11 of the Property Tax Code, the governing body of each taxing unit must authorize refunds of overpayments or erroneous payments over \$ 2500.00 dollars.

I respectfully request that the Commissioner's Court approve the enclosed application for a tax refund based on an adjustment approved by the Hidalgo County Appraisal District Office.

An application for a refund must be made within three years after the date of the payment or the taxpayer waives the right to the refund. The governing body of the taxing unit may extend the deadline provided by Subsection (c) for a single period not to exceed two years on a showing of good cause by the taxpayer.

When completed, please return the attached to this office.

Thanking you for your assistance in this matter, I remain.

Very truly yours,

A handwritten signature in cursive script, appearing to read 'Armando Barrera, Jr.'.

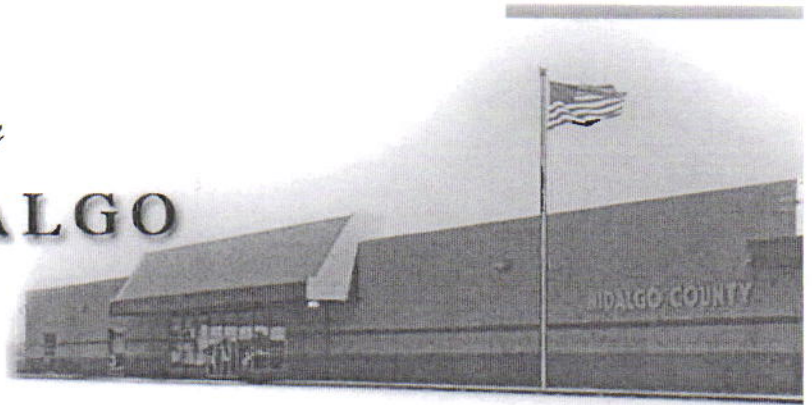
Armando Barrera, Jr. RTA

Abj: mm

Enclosure

Xc: Hidalgo County Auditor  
Raymundo Eufrazio, CPA

Office of Tax Assessor-Collector  
**COUNTY of HIDALGO**



*Armando Barrera Jr., R7A*  
 Assessor and Collector

P.O. Box 178  
 Edinburg, Texas 78540-0178  
 (956) 318-2157 • Fax (956) 318-2733

ACCOUNT NUMBER	PAYER	AMOUNT
1.F3750.00.000.0020.00	CHAPA HOMER	\$ 2,838.11
2.H0660.00.000.0001.00	CORELOGIC	\$ 2,645.10
3.K2400.99.000.0221.05	WASTE MANAGEMENT INC	\$ 17,609.13
4.M0600.99.000.0001.43	CONVERGY'S CORPORATION CVI	\$ 16,396.57
5.O8415.00.000.0032.00	LERETA LLC	\$ 3,005.81
6.S2950.00.000.0302.35	BAC TAX SERVICE CORP	\$ 6,000.00
7.S2982.99.000.0026.01	ALPINE ELECTRONICS OF AMERI	\$ 12,772.59
8.S3998.00.000.0037.00	LERETA LLC	\$ 5,286.13
9.T5455.99.000.001A.03	CONVERGY'S CUSTOMER MGMT	\$ 2,522.76
10.T5455.99.000.001A.04	CONVERGY'S CUSTOMER MGMT	\$ 2,546.48
11.V3657.00.001.0030.00	SOUTH VILLA HERMOSA LTD	\$ 3,337.49
12.W0820.00.000.0002.00	BRADY GLORIA	\$ 3,887.45



# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <del>12/31/12</del> 3/12/12 J.C. 3/12/12	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157
City, town or post office, state, ZIP code EDINBURG TX 78540-0178		

To apply for a tax refund, the taxpayer must complete the following

<b>Step 1:</b> Owner's name and address	Owner's name CHAPA HOMER *
	Present mailing address (number and street) PO BOX 505 *
	City, town or post office, state, ZIP code SULLIVAN CITY, TX 78595
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): FISHER LT 20 1.00AC

<b>Step 2:</b> Describe the property	Address or location of property:  175078*
	Account number of property:  F3750.00.000.0020.00
	Tax receipt number:  OR

<b>Step 3:</b> Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2010 *	04/06 / 2011	\$ 2838.11	\$ 2838.11
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2838.11 *

Taxpayer's reason for refund (attach supporting documentation): GRANTED DV/HS  
SUPP 22\*  
HF

<b>Step 4:</b> sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	Signature sign here	Date of application for tax refund

If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here	Date 3/13/12
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approvals required under Section 31.11, tax code) sign here	Date 3/12/12 *

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>Dec 31/12</u> / <u>1/2/12</u> <i>J.C. 3/11/12</i>		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC		
Present mailing address (number and street) <b>P O BOX 178</b>				Phone (area code and number) <b>(956) 318-2157</b>		
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>						
<b>To apply for a tax refund, the taxpayer must complete the following</b>						
<b>Step 1:</b> Owner's name and address	Owner's name <b>ESPINO HECTOR &amp; NORMA LINDA</b>		PAYER: CORELOGIC *			
	Present mailing address (number and street) <b>603 W HWY 83</b>					
	City, town or post office, state, ZIP code <b>PHARR, TX 78577</b>			Phone (area code and number)		
Legal description (or attach copy of the tax bill or tax receipt): <b>HALL ACRES ESTATES LT1</b>						
<b>Step 2:</b> Describe the property	Address or location of property:					
	<b>695851 *</b>					
	Account number of property:			Tax receipt number:		
	<b>H0660.00.000.0001.00</b>			<b>OR</b>		
<b>Step 3:</b> Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES	2011 *	12/29 / 2011	\$ 9382.14	\$ 2645.10	
	2.		/	\$	\$	
	3.		/	\$	\$	
	4.		/	\$	\$	
	5. TOTAL		/	\$	\$ 2645.10 *	
	Taxpayer's reason for refund (attach supporting documentation): <b>SUBMITTED/ENTERED WRONG</b>					
<b>SUPP 5 *</b>						
<b>HF</b>						
<b>Step 4:</b> sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."					
	sign here  Signature			Date of application for tax refund		
	<b>If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.</b>					
<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved					
	sign here  Authorized officer			Date <b>3/13/12</b>		
	sign here  Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code)			Date <b>3/6/12 *</b>		



ARMANDO BARRERA JR., RTA  
Hidalgo County Tax Assessor - Collector  
PO BOX 178 EDINBURG, TX 78540-0178

Phone No.: (956) 318-2157  
Fax No.: 956-318-2733

Print Date: 01/25/2012

AUDITED BY: THE HIDALGO  
COUNTY AUDITOR'S OFFICE  
DATE: 03/13/12  
*J.C. 3/13/12*

WASTE MANAGEMENT, INC \*  
1001 FANNIN STREET SUITE 4000 \*  
HOUSTON, TX 77002

Account Number  
K2400-99-000-0221-05  
HCAD No. 536004 \*

Legal Description of the Property  
FURNITURE FIXTURES EQUIPMENT & VEHICLE  
AT 1 MILE S 281 /NEW ACCT 1994

1701 S HWY 281 CAGE 78577  
OWNER: WASTE MANAGEMENT INC

2011 OVERAGE AMOUNT \$17,609.13

1. HIDALGO COUNTY, 2. DRAINAGE DIST #1, 33. CITY OF PHARR, 43. PHARR, SAN JUAN, ALAMO ISD, 54. SOUTH TEXAS ISD, 55. SOUTH TEXAS COLLEGE

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing.

Step 1: Identify the Payer requesting the refund if different than shown above	Name <u>SAME AS ABOVE</u>	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number
City, State, Zip Code		
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2011*</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	Overpaid the account <input checked="" type="checkbox"/>	<u>Value was reduce lower</u>
	Duplicate payment <input type="checkbox"/>	<u>NO</u>
	Paid in error (explain)	<u>Recieved a corrected tax bill - See attachment</u>
Step 4: Provide payment information Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer	<u>\$ 65,217.79</u>
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	<u>\$ 17,609.13*</u>
Step 5: How should the refund be processed?	Mail to Property Owner <input checked="" type="checkbox"/>	
	Mail to Payer at address in Step 1	
	Transfer this amount to account	For tax year
	Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <u>[Signature]</u>	Date of application <u>2/17/2012*</u>
If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10		
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>3/13/12</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u> Date: <u>3/6/12*</u>

This application must be completed, signed, and submitted with supporting documentation to be valid.

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>Dec 31/12</u> <i>J.C. 3/1/12</i>	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) <b>P O BOX 178</b>	City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

To apply for a tax refund, the taxpayer must complete the following

<b>Step 1:</b>	Owner's name <b>CONVERGY'S CORPORATION CVG *</b>
<b>Owner's name and address</b>	Present mailing address (number and street) <b>201 E 4TH ST RM 102-1960 *</b>
	City, town or post office, state, ZIP code <b>CINCINNATI, OH 45202</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SUPPLIES FURNITURE FIXTURES**

<b>Step 2:</b>	<b>Describe the property</b>
	Address or location of property: <b>675076 *</b>
	Account number of property: <b>M0600.99.000.0001.43</b>
	Tax receipt number: <b>OR</b>

<b>Step 3:</b>	<b>Give the tax payment information</b>			
Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
1. ALL ENTITIES	2011 *	01/31 / 2012	\$ 29671.04	\$ 16396.57
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5. TOTAL		/	\$	\$ 16396.57 *

Taxpayer's reason for refund (attach supporting documentation): **CORRECTION OF NON-CLERICAL ERROR**

**SEC25.25(D) LATE CORRECTION PENALTY \***

**HF**

<b>Step 4:</b>	<b>sign the form</b>
	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."
	Signature: <i>[Signature]</i> Date of application for tax refund: _____
	<b>If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.</b>

<b>Step 5:</b>	<b>Tax refund Determination</b>
	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved
	Authorized officer: <i>[Signature]</i> Date: <b>3/1/12</b>
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code): <i>[Signature]</i> Date: <b>3/6/12 *</b>



ARMANDO BARRERA JR., RTA  
 Hidalgo County Tax Assessor - Collector  
 PO BOX 178 EDINBURG, TX 78540-0178

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733

Print Date: 12/27/2011

*Handwritten signatures*

LERETA, LLC  
 LAND AMERICA  
 1123 S PARKVIEW DR  
 COVINA, CA 91724

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: ~~8/13/12~~ 3/13/12

Account Number O8415-00-000-0032-00*
HCAD No. 692353*
Legal Description of the Property OXFORD HEIGHTS LOT 32*
8807 N 34TH LN
OWNER: CALDERA JOAQUIN SEGUNDO *

2011 OVERAGE AMOUNT \$3,005.81\*

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing.

Step 1: Identify the Payer requesting the refund if different than shown above	Name <i>CU COMPANIES OF TEXAS LLC</i>	Relationship to Property Owner <i>LENDER</i>
	Mailing Address <i>1123 S. PARKVIEW DR</i>	Daytime Telephone Number
	City, State, Zip Code <i>COVINA 91745</i>	
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u><i>2011</i></u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input checked="" type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer	<i>3005.81</i>
	Total tax, penalty, and interest amount owed for the year	<i>0</i>
	Amount of refund claimed	<i>3005.81*</i>
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>[Signature]</i>	Date of application <i>3/15/12*</i>
	If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>3/13/12</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> * Date: <i>3/6/12*</i>

This application must be completed, signed, and submitted with supporting documentation to be valid.

3/7



ARMANDO BARRERA JR., RTA  
 Hidalgo County Tax Assessor - Collector  
 PO BOX 178 EDINBURG, TX 78540-0178

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733

Print Date: 01/09/2012

BAC TAX SERVICE CORP  
 PO BOX 5012  
 WOODLAND HILLS, CA 91365

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 3/13/12

Account Number  
 S2950-00-000-0302-35\*  
 HCAD No. 281622\*

Legal Description of the Property  
 JOHN H SHARY LT 302-N 8.03 ACS LYING N\*  
 OF CANAL 7.76 AC NET

OWNER: SANCHEZ MARGIL & ELISA G \*

2011 OVERAGE AMOUNT \$6,000.00\*

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 53: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: GOUTH TEXAS COLLEGE

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing.

Step 1: Identify the Payer requesting the refund if different than shown above	N BAC Tax Services Corporation CA6-913-LB-01 P.O. Box 10211 Van Nuys CA 91499-6089		Relationship to Property Owner <u>Mort Co</u> Daytime Telephone Number <u>972-526-3435</u>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2011</u> and am the party entitled to the refund.		
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account <input type="checkbox"/> Duplicate payment <input type="checkbox"/> Paid in error (explain)		
Step 4: Provide payment information Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer Total tax, penalty, and interest amount owed for the year Amount of refund claimed		<u>31,435.22</u> <u>25,435.22</u> <u>6,000.00*</u>
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner <input checked="" type="checkbox"/> Mail to Payer at address in Step 1 <input type="checkbox"/> Transfer this amount to account For tax year <input type="checkbox"/> Escrow for next year's taxes		
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct SIGN HERE <u>Dorothy Gaar *</u> If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10		Date of application <u>2-21-2012 *</u>
AUDITORS USE ONLY:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u>	Date: <u>3/13/12</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <u>[Signature]</u>	Date: <u>3/6/12 *</u>

This application must be completed, signed, and submitted with supporting documentation to be valid.

317

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <i>Dec 31/12</i> <i>J C 3/13/12</i>	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) <b>P O BOX 178</b>		
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>		Phone (area code and number) <b>(956) 318-2157</b>

To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name <b>ALPINE ELECTRONICS OF AMERICA INC *</b>	
	Present mailing address (number and street) <b>19145 GRAMERCY PL *</b>	
	City, town or post office, state, ZIP code <b>TORRANCE, CA 90501-1128</b>	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **INVENTORY FURNITURE FIXTURES**


Step 2: Describe the property	Address or location of property:	
	<b>777968 *</b>	
	Account number of property: <b>S2982.99.000.0026.01</b>	Tax receipt number:
	<b>OR</b>	

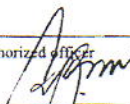
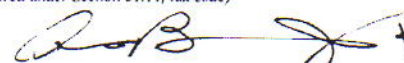
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2011 *	01/31	/ 2012	\$ 16820.33
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 12772.59 *

Taxpayer's reason for refund (attach supporting documentation): **SUBMITTED/ENTERED WRONG; WAIVED**

**10% LATE RENDITION PENALTY SUPPS † (Refund amt. will be applied back to acct.)**

HF

Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	Signature sign here 	Date of application for tax refund
If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.		

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here 	Date <b>3/13/12</b>
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 	Date <b>3/16/12 *</b>



ARMANDO BARRERA JR., RTA  
 Hidalgo County Tax Assessor - Collector  
 PO BOX 178 EDINBURG, TX 78540-0178

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733

Print Date: 12/27/2011

Ca  
 CMT  
 LERETA, LLC  
 LAND AMERICA  
 1123 S PARKVIEW DR  
 COVINA, CA 91724

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 12/13/12  
 J.C. 12/31/12

Account Number S3998-00-000-0037-00* HCAD No. 613514*
Legal Description of the Property SOMMERSET LOT 37* 1805 SANDSTONE DR OWNER: CHATMAN MIRE D & ERICA*

2011 OVERAGE AMOUNT \$5,286.13\*

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing.

Step 1: Identify the Payer requesting the refund if different than shown above	Name	EVERHOME NITG	Relationship to Property Owner	LENDER
	Mailing Address	1123 S. PARKVIEW DR	Daytime Telephone Number	800-537-3821, X1577
	City, State, Zip Code	COVINA CA 91724		
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2011</u> and am the party entitled to the refund.			
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account			
	<input checked="" type="checkbox"/> Duplicate payment			
	<input type="checkbox"/> Paid in error (explain)			
Step 4: Provide payment information Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer	5286.13		
	Total tax, penalty, and interest amount owed for the year	0		
	Amount of refund claimed	5286.13*		
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner			
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1			
	<input type="checkbox"/> Transfer this amount to account		For tax year	
	<input type="checkbox"/> Escrow for next year's taxes			
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct			
	SIGN HERE			Date of application
	If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10			
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By:	Date: 3/13/12
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By:	Date: 3/6/12*

This application must be completed, signed, and submitted with supporting documentation to be valid.

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>3/12/12</u> <i>J.C. 3/14/12</i>	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) <b>P O BOX 178</b>		Phone (area code and number) <b>(956) 318-2157</b>
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>		

**To apply for a tax refund, the taxpayer must complete the following**

<b>Step 1:</b> Owner's name and address	Owner's name <b>CONVERGY'S CUSTOMER MGMT GROUP INC *</b>
	Present mailing address (number and street) <b>201 E 4TH ST *</b>
	City, town or post office, state, ZIP code <b>CINCINNATI, OH 45202-4248</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **FURNITURE FIXTURES & EQUIP**

<b>Step 2:</b> Describe the property	Address or location of property: <b>774041 *</b>	Tax receipt number:
	Account number of property: <b>T5455.99.000.001A.03</b>	OR

<b>Step 3:</b> Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2011 *	01/31	/ 2012	\$ 5892.05
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 2522.76 *

Taxpayer's reason for refund (attach supporting documentation): **CORRECTION OF NON-CLERICAL ERROR**

**SEC 25.25(D) LATE CORRECTION PENALTY \* TAXES DUE**

**HF**

<b>Step 4:</b> sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	Signature sign here → <i>[Signature]</i>	Date of application for tax refund <b>3/13/12</b>
If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.		

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here → <i>[Signature]</i>	Date <b>3/13/12</b>
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here → <i>[Signature]</i>	Date <b>3/6/12 *</b>

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	AUDITED BY: <b>THE HIDALGO</b>	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) <b>P O BOX 178</b>	COUNTY AUDITOR'S OFFICE DATE: <b>DA 3/12/12</b>	Phone (area code and number) <b>(956) 318-2157</b>
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	<i>D. C. 3/12/12</i>	

To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name <b>CONVERGY'S CUSTOMER MGMT GROUP INC *</b>
	Present mailing address (number and street) <b>201 E 4TH ST *</b>
	City, town or post office, state, ZIP code <b>CINCINNATI, OH 45202-4248</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **DELETE 2011 GONE 10/31/10 FURNITURE & FIXTURES**

Step 2: Describe the property	Address or location of property:
	<b>774042 *</b>
	Account number of property: <b>T5455.99.000.001A.04</b>
	Tax receipt number: <b>OR</b>

Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2011 *	01/31	/ 2012	\$ 2546.48
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 2546.48 *

Taxpayer's reason for refund (attach supporting documentation): **INCL OF PROPERTY NON-EXISTENT**

**SUPP 5 \***

**HF**

Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	Signature sign here → <i>[Signature]</i>	Date of application for tax refund <b>3/13/12</b>
If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.		

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here → <i>[Signature]</i>	Date <b>3/13/12</b>
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here → <i>[Signature]</i>	Date <b>3/6/12 *</b>

# APPLICATION FOR TAX REFUND

Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) <b>P O BOX 178</b>	DATE: <b>06/30/12</b> <i>J. C. 3/14/12</i>
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178</b>	Phone (area code and number) <b>(956) 318-2157</b>

To apply for a tax refund, the taxpayer must complete the following

<b>Step 1:</b> Owner's name and address	Owner's name <b>SOUTH VILLA HERMOSA LTD *</b>
	Present mailing address (number and street) <b>PO BOX 2673 *</b>
	City, town or post office, state, ZIP code <b>MCALLEN, TX 78502</b>

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **VILLA HERMOSA LT 30 BLK 1**

<b>Step 2:</b> Describe the property	Address or location of property:
	<b>720957 *</b>
	Account number of property:
	<b>V3657.00.001.0030.00</b>

Tax receipt number:

OR

<b>Step 3:</b> Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2011 *	12/30	/ 2011	\$ 3701.12
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3337.49 *

Taxpayer's reason for refund (attach supporting documentation): **INCLUSION OF PROPERTY EXISTENT ALL**

**IMPS REMOVED IMPS NOT HERE JAN 1 \* SUPPS**

**HF**

<b>Step 4:</b> sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	Signature sign here → <i>[Signature]</i>	Date of application for tax refund <b>3/3/12</b>

**If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.**

<b>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here → <i>[Signature]</i>	Date <b>3/3/12</b>
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here → <i>[Signature]</i> *	Date <b>3/6/12 *</b>

3/1



ARMANDO BARRERA JR., RTA  
 Hidalgo County Tax Assessor - Collector  
 PO BOX 178 EDINBURG, TX 78540-0178

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733

Print Date: 01/19/2012

BRADY GLORIA *GH Brady*  
 PO BOX 663  
 HIDALGO, TX 78557-0663

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: *2/23/12*

Account Number W0820-00-000-0002-00 ★ HCAD No. 556684 ★
Legal Description of the Property WARE BUSINESS CENTRE S1/2 LOT 2 & ALL ★ LOT 3 3327 N WARE RD OWNER: BRADY GLORIA ★
2011 OVERAGE AMOUNT \$3,887.45 ★

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 47: MCALLEN ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing.

Step 1: Identify the Payer requesting the refund if different than shown above	Name GLORIA BRADY	Relationship to Property Owner
	Mailing Address P.O. BOX 663	Daytime Telephone Number
	City, State, Zip Code HIDALGO, TX. 78557	
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2011</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input type="checkbox"/> Overpaid the account	
	<input checked="" type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks or tax office receipts	Total amount paid by this taxpayer	\$3,887.45 ★
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>Gloria Brady</i> ★	Date of application 02/23/12 ★
	If you make a false statement on this application you could be found guilty of a Class A Misdemeanor or a state jail felony under Texas Penal Code Section 37.10	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>3/13/12</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> ★ Date: <u>3/6/12</u> ★

This application must be completed, signed, and submitted with supporting documentation to be valid.

317