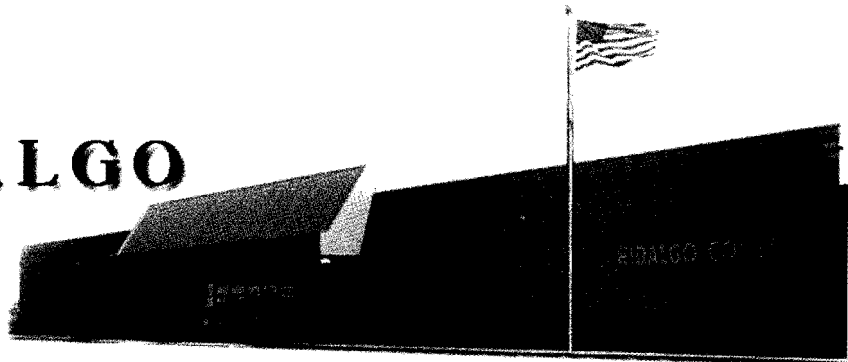


Office of Tax Assessor-Collector

COUNTY of HIDALGO



Armando Barrera Jr., RTA

Assessor and Collector

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

January 15, 2013

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

Re: See attached list

Gentlemen:

Our office has determined that the attached application(s) for a tax refund over \$2,500.00 dollars is erroneous and/or excessive. The County Auditor has also agreed with our determination. As a result, I respectfully request that the Commissioner's Court approve the enclosed application(s) for a tax refund as required by Property Tax Code Section 31.11, Refunds of Overpayments or Erroneous Payments.

When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,

Pablo (Paul) Villarreal, Jr., RTA

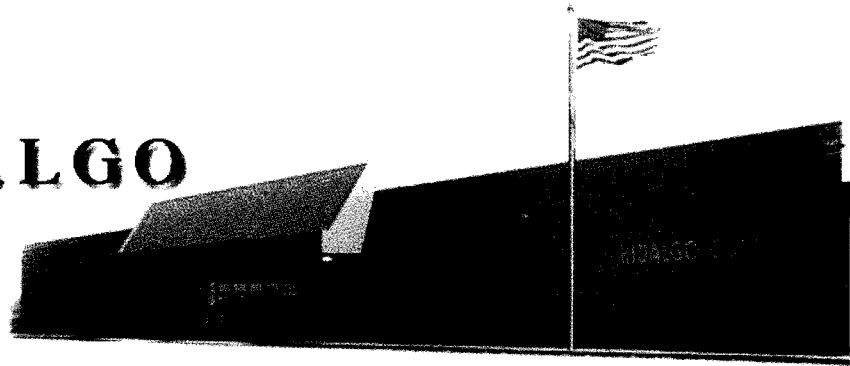
mgf

Enclosure

cc: Raymundo Eufracio, CPA
Hidalgo County Auditor

Office of Tax Assessor-Collector

COUNTY of HIDALGO



Armando Barrera Jr., RTA
Assessor and Collector

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

ACCOUNT NUMBER	PAYER	AMOUNT
H4100.00.000.0010.00	First National Bank	\$35,135.98
H4100.00.000.0010.00	First National Bank	\$3,441.17
P9280.02.000.0054.00	First American Real Estate Tax Service	\$2,600.00
V4340.11.000.0015.00	Tejas Advantage LLC	\$3,308.81

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	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	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

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

Step 1: Owner's name and address	Owner's name CACERES CIRO & ESTELA C/O MA ESTELLA CACERES (PAID BY: FIRST NATIONAL BANK)	
	Present mailing address (number and street) P.O. BOX 158	
	City, town or post office, state, ZIP code ELSA, TX 78543	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **HOLLINGSWORTH ADDITION FT 596 W100 LOT 10**

Step 2: Describe the property	Address or location of property:	
	194249	
	Account number of property:	Tax receipt number:
	H4100.00.000.0010.00	OR 16277046

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	2009	05/19 / 2010	\$	\$ 3,630.21
	2.	2008	/	\$	\$ 4,680.21
	3.	2007	/	\$	\$ 3,963.35
	4.	2006	/	\$	\$ 4,789.98
	5. TOTAL	↓	/	\$	\$ ↓ CON'T.
Taxpayer's reason for refund (attach supporting documentation): PAID IN ERROR ON ACCT#194249 REFUND BACK TO FIRST NATIONAL BANK.					
NB					

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 Kiskm...	Date of application for tax refund 11-13-12
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.		

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
	Authorized officer [Signature]	Date 11/9/13	DATE: 11-9-13
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 311.11, tax code) [Signature]	Date 11.20.12	

12/21 11/20

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	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	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

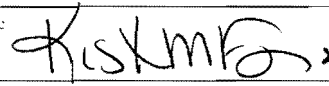
To apply for a tax refund, the taxpayer must complete the following

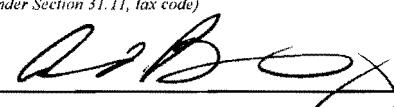
Step 1:	Owner's name CACERES CIRO & ESTELA C/O MA ESTELLA CACERES (PAID BY: FIRST NATIONAL BANK)	
Owner's name and address	Present mailing address (number and street) P.O. BOX 158	
	City, town or post office, state, ZIP code ELSA, TX 78543	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **HOLLINGSWORTH ADDITION FT 596 W100 LOT 10**

Step 2:	Describe the property	
	Address or location of property: 194249*	
	Account number of property: H4100.00.000.0010.00 *	Tax receipt number: OR 16277046

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	2005	05/19 / 2010	\$	\$ 5,297.37
	2.	2004	/	\$	\$ 5,490.86
	3.	2003	/	\$	\$ 5,766.90
	4.	2002	/	\$	\$ 1,517.10
	5. TOTAL		/	\$	\$ 35,135.98 *
Taxpayer's reason for refund (attach supporting documentation): PAID IN ERROR ON ACCT#194249					
REFUND BACK TO FIRST NATIONAL BANK.					
NB					

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."	
sign here	Signature  *	Date of application for tax refund 11-13-12 *
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.		

Step 5: Tax refund Determination	This tax refund is <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
			DATE: <u>11-20-12</u>
	sign here	Authorized officer	Date
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
	 *		11-20-12 *

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	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	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

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

Step 1: Owner's name and address	Owner's name CACERES CIRO & ESTELA C/O MA ESTELLA CACERES (PAID BY: FIRST NATIONAL BANK)	
	Present mailing address (number and street) P.O. BOX 158	
	City, town or post office, state, ZIP code ELSA, TX 78543	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **HOLLINGSWORTH ADDITION FT 596 W100 LOT 10***

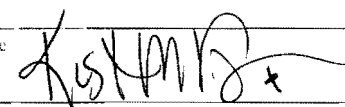
Step 2: Describe the property	Address or location of property:	
	194249*	
	Account number of property:	Tax receipt number:
	H4100.00.000.0010.00*	OR 18203588

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	2010	02/17	/ 2011	\$ 3,441.17
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,441.17*

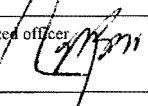
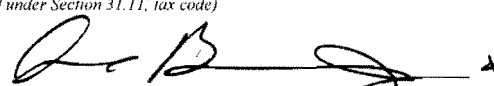
Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR ON ACCT#194249**

REFUND BACK TO FIRST NATIONAL BANK.

NB

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 	Date of application for tax refund 11-13-2012*

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		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 11/4/13
	Authorized officer 	Date 1/9/13	
	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 11-15-12*	

12/21 11/20



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

(Extra)
 COPY

100619782

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

Print Date: 12/15/2009

FINAL NOTICE
 AUG 15 2011

FIRST AMERICAN
 --
 8435 N STEMMONS FREEWAY
 DALLAS, TX 75247-390

AUDITED BY: THE HIDALGO
 COUNTY AUDITOR'S OFFICE
 DATE: AM

12-17-12
[Signature]

Account Number P9280-02-000-0054-00 ✖
Legal Description of the Property PUEBLO DEL NORTE PH 2 LOT 54 ✖ 2811 OBLATE AVE ✖
519753

2009 OVERAGE AMOUNT \$2,600.00 ✖

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 48: MISSION CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$500.

APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomever will be receiving the refund.	Who should the refund be issued to			
	Name: <u>Owen Financial Corporation</u>			
	Address: <u>1661 Worthington Rd, #100</u>			
	City, State, Zip: <u>West Palm Beach FL 33409</u>			
Daytime Phone No.: <u>561 682-8600</u>		E-Mail Address:		
Step 2. Provide payment information. Please attach copies of cancelled checks or original receipts for all cash payments you made.	Payment made by	Check No	Date Paid	Amount Paid
	<u>Owen Financial Corp</u>		<u>11/13/09</u>	<u>2,811.64 ✖</u>
	TOTAL AMOUNT PAID (sum of the above amounts)			
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:			
	<input checked="" type="checkbox"/> I paid this account in error and I am entitled to the refund.			
	<input checked="" type="checkbox"/> I overpaid this account. Please refund the excess to the address listed in Step 1.			
Step 4. Sign the form. Unsigned applications cannot be processed.	This payment should have been applied to other tax account(s) and/or year(s) (listed below):			
	By signing below, 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. (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 the Texas Penal Code, Sec. 37.10.)			
	SIGNATURE OF REQUESTOR (REQUIRED)		DATE	
<u>[Signature]</u>		<u>12/4/12 ✖</u>		
AUDITORS USE ONLY:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u>	Date: <u>1/4/13</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u>	Date: <u>12/11/12 ✖</u>

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

10/04

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-PD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

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

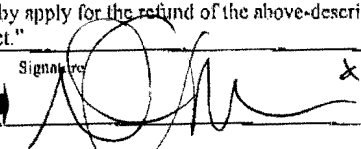
Step 1: Owner's name and address	Owner's name FELIX GARCES/NORA SALAZAR CRUZ	* PAID BY: TEJAS ADVANTAGE LLC * 8407 Bandera Rd #141 CA TX 78250	Phone (area code and number) 210-798-8778
	Present mailing address (number and street) 8816 CARMEN AVILA RD		
	City, town or post office, state, ZIP code EDINBURG, TX 78539		

Legal description (or attach copy of the tax bill or tax receipt): **VISTA BONITA #11 LOT 15**

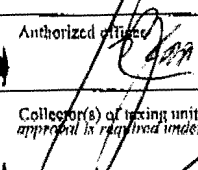

Step 2: Describe the property	VISTA BONITA #11 LOT 15	
	Address or location of property: 1115 VISTA BONITA	
	602510	
	Account number of property: V4340.11.000.0015.00	Tax receipt number: OR

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	06-29	/ 2012	\$ 647.52
2.	2010	06-29	/ 2012	\$ 843.63	\$ 843.63
3.	2009	06-29	/ 2012	\$ 925.29	\$ 925.29
4.	2008	06-29	/ 2012	\$ 892.37	\$ 892.37
5. TOTAL			/	\$	\$ 3308.81

Taxpayer's reason for refund (attach supporting documentation): **PAID IN ERROR ON ACCT 602510**
(V4340.11.000.0015.00)
JN

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."	
	sign here 	Date of application for tax refund 11/27/12

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.

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		COUNTY AUDITOR'S OFFICE DATE: 1-2-13 1/9/13
	sign here 	Date 1/9/13	
	sign here 	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 1.11, tax code)	Date 12/21/12