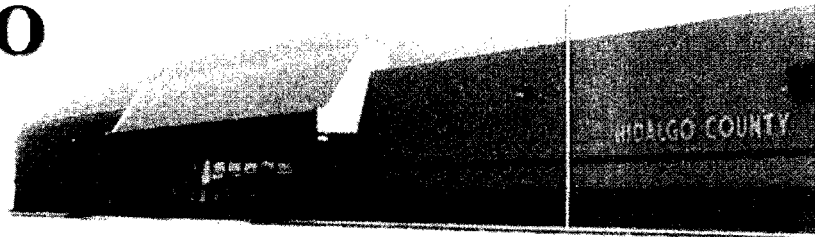


Office of Tax Assessor - Collector
COUNTY of HIDALGO



Pablo "Paul" Villarreal, Jr. RTA
Assessor and Collector

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

March 25, 2013

The Honorable Ramon Garcia
Hidalgo County Commissioners
Edinburg, Texas 78539

Re: See attached list

Gentlemen:

The Hidalgo County Appraisal District has made a correction to the tax roll as allowed by Property Tax Code Section 26.15. This correction decreased the tax liability of the property owner(s). Since taxes had been previously paid, our office determined that the tax roll correction resulted in a tax refund over \$2,500.00 dollars due to the taxpayer(s). 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 recommended by the County Auditor.

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

Respectfully,

Pablo (Paul) Villarreal Jr.

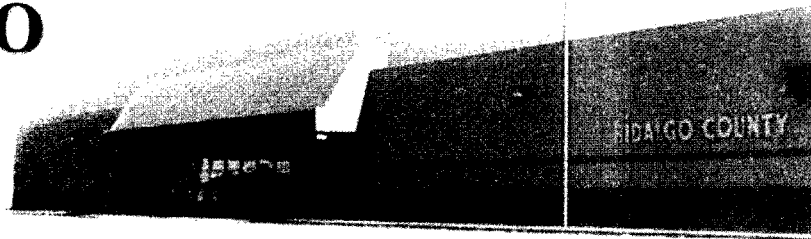
Pablo (Paul) Villarreal, Jr., RTA

nlr

Enclosure

cc: Raymundo Eufracio, CPA
Hidalgo County Auditor

Office of Tax Assessor - Collector
COUNTY of HIDALGO

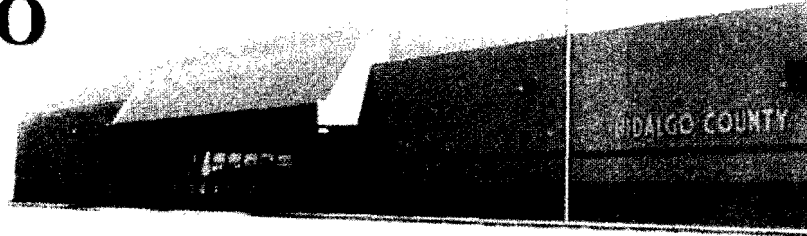


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ACCOUNT NUMBER	PAYER	AMOUNT
A1720.00.000.0001.00	Martinez Margarito & Pilar R	\$2,660.08
A1720.00.000.0001.00	Martinez Margarito & Pilar R	\$2,727.90
B3678.02.004.0009.00	Wells Fargo	\$3,209.51
D5790.99.000.0001.05	Doctors Hospital @ Renaissance	\$27,925.96
D5790.99.000.0003.05	Doctors Hospital @ Renaissance	\$24,037.93
D5790.99.000.0004.00	Doctors Hospital @ Renaissance	\$28,780.96
D5790.99.000.0005.00	Doctors Hospital @ Renaissance	\$6,191.05
G2600.00.000.0005.01	First National Bank	\$6,103.83
H3944.00.000.0003.00	Hi-Tech Security Systems	\$2,584.31
K6000.01.006.0011.00	Wells Fargo	\$2,710.34
L6228.02.000.0048.00	Lone Star National Bank	\$4,119.61
N4470.00.000.0129.00	Bac Tax Services	\$3,679.81
N4470.00.000.0129.00	Bac Tax Services	\$3,846.62
O8300.99.000.0001.09	Warnaco Swimwear Products Inc.	\$5,487.79
P0100.02.000.0017.00	Corelogic	\$2,580.78
P0100.02.000.0017.00	Corelogic	\$2,528.52
P7520.99.000.0015.00	Doctors Hospital @ Renaissance	\$25,858.26
R2663.99.000.0001.04	Doctors Hospital @ Renaissance	\$12,969.95

Office of Tax Assessor - Collector
COUNTY of HIDALGO



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R3750.99.000.000A.02	Doctors Hospital @ Renaissance	\$8,560.99
S1700.01.000.0042.20	Anacahuitas Investments Inc.	\$5,638.49
S3002.02.000.0009.00	Corelogic	\$16,655.56
V3802.00.000.0014.00	Bac Tax Services	\$2,946.94
V3802.00.000.0014.00	Bac Tax Services	\$2,949.56
W7150.01.000.0002.00	Corelogic	\$3,699.16
W7650.00.000.0010.00	Lone Star National Bank	\$3,131.05
W7650.00.000.0010.00	Lone Star National Bank	\$2,852.33

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 MARTINEZ MARGARITO & PILAR R †
	Present mailing address (number and street) 1122 SIOUX RD †
	City, town or post office, state, ZIP code ALAMO, TX 78516 †
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **ALA M'DONNA ESTATES LOT 1**

Step 2: Describe the property	Address or location of property:
	109998 †
	Account number of property: A1720.00.000.0001.00 †
	Tax receipt number: OR 19602679

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 †	12/29	/ 2011	\$ 2660.08 †
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 2660.08 ^

Taxpayer's reason for refund (attach supporting documentation): **SUPP # 14 GRANT DVHS FILED LATE**

RF130209

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 sign here →	Date of application for tax refund
<p>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.</p>		

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here →	Date 3/21/13
	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) sign here →	Date 3-15-13

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OF CE
DA [Signature] 3/20/13

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 MARTINEZ MARGARITO & PILAR R
	Present mailing address (number and street) 1122 SIOUX RD
	City, town or post office, state, ZIP code ALAMO, TX 78516
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **ALA M'DONNA ESTATES LOT 1**

Step 2: Describe the property	Address or location of property:
	109998
	Account number of property:
	A1720.00.000.0001.00
	Tax receipt number:
	OR 21438252

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	2012	11/07	\$ 2727.90	\$ 2727.90
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2727.90
Taxpayer's reason for refund (attach supporting documentation): SUPP # 6 GRANT DVHS FILED LATE					
RF130209					
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 sign here	Date of application for tax refund
<p>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.</p>		

Step 5: Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here	Date 3/20/13
	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) sign here	Date 3-15-13

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **3/19/13**
J. C. 3/21/13

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

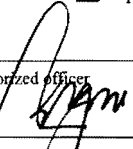
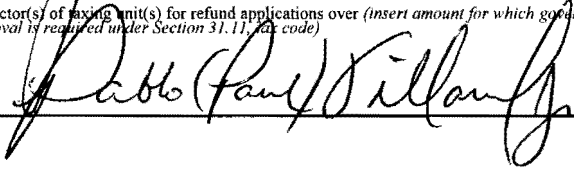
Step 1: Owner's name and address	Owner's name BARAJAS RENE (PAID BY: WELLS FARGO) *	
	Present mailing address (number and street) 705 FROST PROOF DR *	
	City, town or post office, state, ZIP code WESLACO, TX 78596 *	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **BORDER TRACE PH 2 LOT 9 BLK 4**

Step 2: Describe the property	Address or location of property:	
	664764 *	
	Account number of property: B3678.02.004.0009.00 *	Tax receipt number: OR 22050472

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	2012 *	12/28 / 2012	\$ 3209.51 *	\$ 3209.51 *
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 3209.51 ^
Taxpayer's reason for refund (attach supporting documentation): SUPP # 6 VETERAN CHANGED					
RF130209					
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 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		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>3/19/13</u> <i>J. C. 3/24/13</i>
	Authorized officer sign here 	Date 3/26/13	
	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) sign here 	Date 3/15-13	

3/18

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 WOMEN'S HOSPITAL AT RENAISSANCE PAID BY: DOCTORS HOSPITAL @REINAINNACE
	Present mailing address (number and street) PO BOX 3293
	City, town or post office, state, ZIP code MCALLEN, TX 78502

Phone (area code and number)

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

Step 2: Describe the property	VEHICLES AT 5502 S MCCOLL /NEW ACCT 2008	
	Address or location of property:	
	776108	
	Account number of property: D5790.99.000.0001.05	Tax receipt number: OR 20168298

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	1/30	/ 12	\$ 205,543.38	\$ 7756.18
	2. ALL ENTITIES	2011	6/29	/ 12	\$ 20,169.78	\$ 20,169.78
	3.			/	\$	\$
	4.			/	\$	\$
	5.			/	\$ TOTAL	\$ 27,925.96

Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASE**

RF130112

MM

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

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 <i>[Signature]</i> Date 3/20/13
	sign here Authorized officer <i>[Signature]</i>	Date 3/26/13	
	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) <i>[Signature]</i>	Date 3-6-13	

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 CANCER CENTER AT RENAISSANCE PAID BY: DOCTORS HOSPITAL @ RENAISSANCE ✓
	Present mailing address (number and street) PO BOX 3293 ✓
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293 ✓

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): INVENTORY SUPPLIES FURNITURE FIXTURES & EQUIPMENT @ 2717 MICHAELANGELO/NEW ACCT 2008
	Address or location of property: 2717 MICHAELANGELO
	776107 ✓
	Account number of property: D5790.99.000.0003.05 ✓
	Tax receipt number: OR 20167718

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 ✓	1-30 / 2012	\$ 147486.12 ✓	\$ 9565.25 ✓
	2. ALL ENTITIES	2011 ✓	6-29 / 2012	\$ 14472.68 ✓	\$ 14472.68 ✓
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 24037.93 ✓

Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASE**

RF130112

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."	
	Signature sign here [Signature]	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	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE Date: 3/29/13 Date: 3/21/13 Date: 3/21/13 Date: 3-6-13
	Authorized officer sign here [Signature]	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 311.11, tax codes) sign here [Signature]	

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 RENAISSANCE IMAGING CENTER PAID BY: DOCTORS HOSPITAL @ RENAISSANCE <i>+</i>
	Present mailing address (number and street) PO BOX 3293 <i>+</i>
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293 <i>+</i>
	Phone (area code and number) [Redacted]

Legal description (or attach copy of the tax bill or tax receipt): **FURNITURE FIXTURES & EQUIPMENT AT 5521 & 5523**

Step 2: Describe the property	DOCTOR'S DRIVE NEW ACCT 2006
	Address or location of property: 765401 <i>+</i>
	Account number of property: D5790.99.000.0004.00 <i>+</i> OR Tax receipt number: 20167718

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 <i>+</i>	1/30	\$ 43882.67 <i>+</i>	\$ 24474.80 <i>+</i>
	2. ALL ENTITIES	2011 <i>+</i>	6/29	\$ 4306.16 <i>+</i>	\$ 4306.16 <i>+</i>
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 28,780.96 <i>+</i>
Taxpayer's reason for refund (attach supporting documentation): VALUE DECREASE					
RF130112					
MM					

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 <i>+</i> Signature	Date of application for tax refund [Redacted]
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 L. [Signature] 3/29/13 J.C. 3/21/13
	sign here <i>+</i> Authorized officer	Date 3/21/13
	sign here <i>+</i> 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 3-6-13

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 REHAB CENTER AT RENAISSANCE PAID BY: DOCTORS HOSPITAL AT RENAISSANCE
	Present mailing address (number and street) PO BOX 3293
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293

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

Step 2: Describe the property	EQUIPMENT @ 5403 DOCTORS DRIVE/NEW ACCT 2006	
	Address or location of property: 5403 DOCTORS DR	
	766056	
	Account number of property: D5790.99.000.0005.00	Tax receipt number: OR 20167718

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	1-30	/ 2012	\$ 15931.77
2. ALL ENTITIES	2011	6-29	/ 2012	\$ 1563.37	\$ 1563.37
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 6191.05

Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASE**

RF130112

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."	
	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	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 3/20/13 J. C. 3/20/13
	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) sign here	Date 3-6-13

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-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 NAVARRETTE & ROBLES INVESTORS LLC (PAID BY: FIRST NATIONAL BANK) 4	
	Present mailing address (number and street) 1401 S 10TH ST ✕	
	City, town or post office, state, ZIP code MCALLEN, TX 78501 ✕	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **GATEWAY PLAZA SHOPPING CENTER N140 &**


Step 2: Describe the property	S443.83-N583.83 LOT 5	
	Address or location of property: 178756 ✕	
	Account number of property: G2600.00.000.0005.01 ✕	Tax receipt number: OR 22114435

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	2012 4	12/28	/ 2012	\$ 37390.27 4
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 6103.83 4

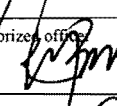
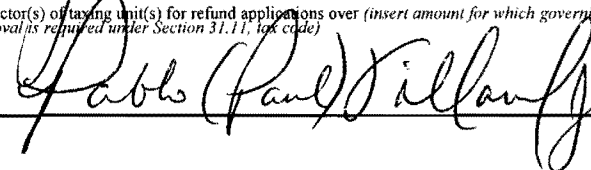
Taxpayer's reason for refund (attach supporting documentation): **SUPP # 6 VALUE DECREASED**

RF130209

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 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		AUDITED BY: THE HIDALGO CO. TAX AUDITOR'S OFFICE DATE: 3/19/13 a. C/2/13
	Authorized officer sign here 	Date 3/21/13	
	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) sign here 	Date 3-15-13	

3/18

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


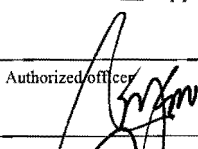
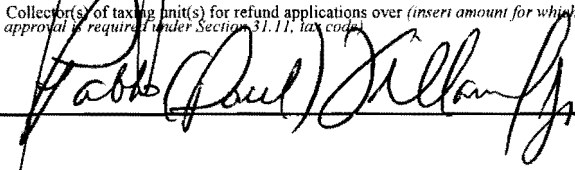
Step 1:	Owner's name RAZO ARMANDO & GUADALUPE (PAID BY: HI-TECH SECURITY SYSTEMS)
Owner's name and address	Present mailing address (number and street) P.O. BOX 1488
	City, town or post office, state, ZIP code MISSION, TX 78573
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **HOLLAND ACRES LOT 3**

Step 2:	Describe the property	
	Address or location of property:	
	574043	
	Account number of property:	Tax receipt number:
	H3944.00.000.0003.00	OR 19218583,20044494,20044510,20772044

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	1/02 / 2011	\$ 250.00 4	\$
	2.		01/24 / 2012	\$ 500.00 9	\$
	3.		01/24 / 2012	\$ 2,000.00 1	\$
	4.		03/30 / 2012	\$ 2,878.76 4	\$
	5. TOTAL		/	\$ 8,378.76 1	\$ 2,584.31 4
Taxpayer's reason for refund (attach supporting documentation): SUPP# 14 HOMESTEAD REMOV/ OVER65 REMOVED/VALUE DECREASED/FREEZE CHANGE					
RF130209 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 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	
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE:  3/19/13 D. COULTE	
	Authorized officer sign here 	Date 3/21/13
	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) sign here 	Date 3-15-13

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 RAZO ARMANDO & GUADALUPE (PAID BY: HI-TECH SECURITY SYSTEMS) 4
	Present mailing address (number and street) P.O. BOX 1488 4
	City, town or post office, state, ZIP code MISSION, TX 78573 4


Legal description (or attach copy of the tax bill or tax receipt): **HOLLAND ACRES LOT 3**

Step 2: Describe the property	Address or location of property: 574043 4
	Account number of property: H3944.00.000.0003.00 4
	Tax receipt number: 18922951,18997118,18997125,19218560


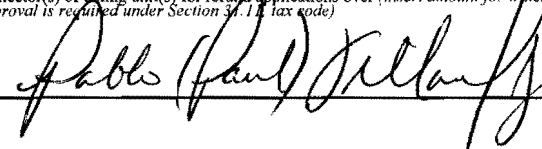
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2011 4	10/28	/ 2011	\$ 2,000.00 4
2.		11/04	/ 2011	\$ 250.00 4	\$
3.		11/04	/ 2011	\$ 250.00 4	\$
4.		12/02	/ 2011	\$ 250.00 4	\$
5. TOTAL			/	↓	\$ ↓

Taxpayer's reason for refund (attach supporting documentation): **SUPP# 14 HOMESTEAD REMOV/
OVER65 REMOVED/VALUE DECREASED/FREEZE CHANGE**

RF130209 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 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		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>3/19/13</u>
	Authorized officer sign here 	Date	
	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 3-15-13	

3/18

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 SALINAS JOSE E & LAURA E (PAID BY: WELLS FARGO)
	Present mailing address (number and street) P.O. BOX 486
	City, town or post office, state, ZIP code PENITAS, TX 78576

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **KING RANCH # 1 LOT 11 BLK 6**

Step 2: Describe the property	Address or location of property: 204636
	Account number of property: K6000.01.006.0011.00
	Tax receipt number: OR 22050488

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	2012	12/28	/ 2012	\$ 2956.15
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 2710.34

Taxpayer's reason for refund (attach supporting documentation): **SUPP # 6 VALUE DECREASED**

RF130209

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 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	AUDITED BY: THE HIDALGO CO: TY AUDITOR'S OFFICE DATE: 3/19/13 a.c 3/14/13
	Authorized officer sign here	Date 3/21/13
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 311, tax code) sign here	Date 3-15-13

3/18

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 GUAJARDO JULIO C (PAID BY: LONE STAR NATIONAL BANK) 4	
	Present mailing address (number and street) 3521 N SHARY RD 4	
	City, town or post office, state, ZIP code MISSION, TX 78573 4	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **LOS LAURELES PH 2 LOT 48**



Step 2: Describe the property	Address or location of property:	
	662362 4	
	Account number of property: L6228.02.000.0048.00 4	Tax receipt number: OR 21593288

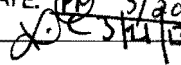
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2012 4	11/28	/ 2012	\$ 15229.92 4
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 4119.61

Taxpayer's reason for refund (attach supporting documentation): **SUPP # 6 VALUE DECREASED ^**
RF130209
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 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 3/21/13
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.14, tax code) sign here 	Date 3-15-13

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: **PM 3/20/13**


3/18

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>Dec 3/13/13</u> <i>J.C. 3/2/13</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) P O BOX 178		City, town or post office, state, ZIP code EDINBURG TX 78540-0178

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

Step 1: Owner's name and address	Owner's name HERNANDEZ FABIAN PAID BY: BAC TAX SERVICES †
	Present mailing address (number and street) 530 STEAMBOAT DR *
	City, town or post office, state, ZIP code EDINBURG, TX 78541-1303
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **NORTHBROOK ESTATES LOT 129**

Step 2: Describe the property	Address or location of property:
	697411*
	Account number of property: N4470.00.000.0129.00
	Tax receipt number: OR 19297901

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	12/9 / 11	\$ 3679.81	\$ 3679.81
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 3679.81*

Taxpayer's reason for refund (attach supporting documentation): **VETERAN CHANGE ***

RF130112

MM

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
	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	
	sign here Authorized officer	Date 3/2/13
	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 3-5-13*

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>Dec 3/13/13</u> <i>J.C. 3/2/13</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) 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

Step 1: Owner's name and address	Owner's name HERNANDEZ FABIAN PAID BY: BAC TAX SERVICES†
	Present mailing address (number and street) 530 STEAMBOAT DR
	City, town or post office, state, ZIP code EDINBURG, TX 78541-1303

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **NORTHBROOK ESTATES LOT 129**



Step 2: Describe the property	Address or location of property:
	697411†
	Account number of property: N4470.00.000.0129.00
	Tax receipt number: OR 21871752

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	2012†	12/19 / 12	\$ 3846.62	\$ 3846.62
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 3846.62†



Taxpayer's reason for refund (attach supporting documentation): **VETERAN CHANGE†**

RF130112

MM

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 

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	
	sign here  Authorized officer <i>[Signature]</i>	Date 3/2/13
	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) <i>[Signature]</i>	Date 3-5-13†

3/6

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 AUTHENTIC FITNESS, WARNACO SWIMWEAR PRODUCTS INC 4	
	Present mailing address (number and street) C/O TAX DEPT 470 WHEELERS FARMS RD	
	City, town or post office, state, ZIP code MILFORD, CT 06461	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **DELETE 2009;GONE 12-31-2008;INVENTORY FURNITURE FIXTURES AND EQUIPMENT AT 616 WEST OWASSA ROAD (INVENTORY @**


Step 2: Describe the property	CTC DISTRIBUTING) /NEW ACCT 2005	
	Address or location of property: 616 W OWASSA RD	
	762791 4	
	Account number of property: O8300.99.000.0001.09 4	Tax receipt number: OR 2059667/18199003

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 4	1-31	/ 2011	\$ 1208.60 4
2. ALL ENTITIES	2010 4	2-16	/ 2011	\$ 4279.19 4	\$ 4279.19 4
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 5487.79 A

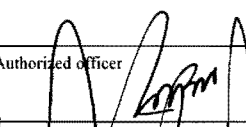
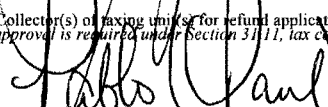
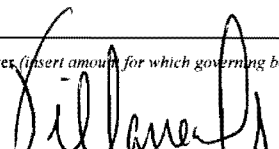
Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASE**

RF130112

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."	
	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		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
	Authorized Officer sign here 	Date 3/21/13	DATE: 3/19/13 3/21/13
	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) sign here  	Date 3-6-13	

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	ADMITTED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <u>Dec 21/13</u>
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 VAZQUEZ OCTAVIO PAID BY: CORELOGIC *
	Present mailing address (number and street) 703 S ORANGE ST
	City, town or post office, state, ZIP code ALTON, TX 78573-8382
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **PALM #2 LOT 17**

Step 2: Describe the property	Address or location of property: 458647*
	Account number of property: P0100.02.000.0017.00 OR Tax receipt number: 19658604

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 *	12/29 / 11	\$ 2840.36	\$ 2580.78
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 2580.78 *

Taxpayer's reason for refund (attach supporting documentation): **VETERAN CHANGE ***

RF130112

MM

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

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	
	sign here Authorized officer	Date 3/21/13
	sign here Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 51.17, tax code)	Date 3-5-13*

3/6

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: Dec 31/2013 J. C. 3/21/13	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

Step 1: Owner's name and address	Owner's name VASQUEZ OCTAVIO PAID BY: CORELOGIC *
	Present mailing address (number and street) 702 S ORANGE ST
	City, town or post office, state, ZIP code ALTON, TX 78573-8382

Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): PALM #2 LOT 17
	Address or location of property: 458647 *
	Account number of property: P0100.02.000.0017.00
	Tax receipt number: OR 22106902

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	2012 *	12/28 / 12	\$ 2528.52	\$ 2528.52
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 2528.52 *

Taxpayer's reason for refund (attach supporting documentation): VETERAN CHANGE *

RF130112

MM

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 office sign here *	Date 3/21/13
	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) sign here *	Date 3-5-13 *

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 DOCTOR'S HOSPITAL AT RENISSANCE IMAGING CENTER AT LONE STAR PAID BY: DOCTORS HOSPITAL AT RENAISSANCE <i>4</i>
	Present mailing address (number and street) PO BOX 3293 <i>4</i>
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293 <i>4</i>

Phone (area code and number)

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

Step 2: Describe the property	EQUIPMENT AT 2121 EAST GRIFFIN PARKWAY SUITE 15/NEW ACCT 2006	
	Address or location of property: 2121 E GRIFFIN PKWY STE-15	
	766597 <i>4</i>	
	Account number of property: P7520.99.000.0015.00 <i>4</i>	Tax receipt number: OR 20170118/21045413

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 <i>4</i>	1-30 / 2012	\$ 52728.18 <i>4</i>	\$ 20828.26 <i>4</i>
	2. ALL ENTITIES	2011 <i>4</i>	6-29 / 2012	\$ 5030.00 <i>4</i>	\$ 5030.00 <i>4</i>
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 25858.26 <i>4</i>

Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASE**

RF130112

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."	
	Signature sign here <i>[Signature]</i>	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 <i>[Signature]</i>	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE <i>[Signature]</i> Date 3/20/13
	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) sign here <i>[Signature]</i>	Date 3-6-13

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 IMAGING CENTER AT MEDPOINT PAID BY: DOCTORS HOSPITAL AT RENAISSANCE <i>4</i>
	Present mailing address (number and street) PO BOX 3293 <i>4</i>
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293 <i>4</i>

Legal description (or attach copy of the tax bill or tax receipt): SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 1200 E SAVANNAH SUITE ONE/NEW ACCT 2006
Address or location of property: 1200 E SAVANNAH STE 1
765373 <i>4</i>
Account number of property: R2663.99.000.0001.04 <i>4</i>
Tax receipt number: OR 20170118

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 <i>4</i>	1-30 / 2012	\$ 22619.06 <i>4</i>	\$ 10934.89 <i>4</i>
	2. ALL ENTITIES	2011 <i>4</i>	6-29 / 2012	\$ 2035.06 <i>4</i>	\$ 2035.06 <i>4</i>
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 12969.95 <i>4</i>

Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASE**

RF130112

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."	
	Signature sign here <i>[Signature]</i>	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		AUDITED BY: THE HIDALGO C... AUDITOR'S... ... 3/20/13 ... 3/2/13
	Authorized office sign here <i>[Signature]</i>	Date 3/2/13	
	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) sign here <i>[Signature]</i>	Date 3-6-13	

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 DOCTOR'S HOSPITAL AT RENISSANCE AT MID V PAID BY: DOCTORS HOSPITAL AT RENAISSANCE <i>4</i>
	Present mailing address (number and street) PO BOX 3293 <i>4</i>
	City, town or post office, state, ZIP code MCALLEN, TX 78502-3293 <i>4</i>

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

Step 2: Describe the property	EQUIPMENT AT 1121 SOUTH JAMES/NEW ACCT 2005	
	Address or location of property: 1121 S JAMES	
	762156 <i>4</i>	
	Account number of property: R3750.99.000.000A.02 <i>4</i>	Tax receipt number: OR 20170118

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 <i>4</i>	1-30 / 2012	\$ 13463.34 <i>4</i>	\$ 7240.03 <i>4</i>
	2. ALL ENTITIES	2011 <i>4</i>	6-29 / 2012	\$ 1320.96 <i>4</i>	\$ 1320.96 <i>4</i>
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 8560.99 <i>4</i>

Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASE**

RF130112

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."	
	Signature sign here <i>[Signature]</i>	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 <i>[Signature]</i>	Date 3/21/13
	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) sign here <i>[Signature]</i>	Date 3-6-13

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE
DATE: *[Signature]* 3/20/13

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 BURCH VIDA MAE (PAID BY: ANACAHUITAS INVESTMENTS INC) +	
	Present mailing address (number and street) 1813 N MOCKINGBIRD LN +	
	City, town or post office, state, ZIP code HARLINGEN, TX 78550 +	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SANTA CRUZ GARDENS #1 W CANAL LOT 14.83AC**



Step 2: Describe the property	CNL R/W BETWEEN LTS 15-26 ON N SIDE & LTS 1 THRU 14 ON SIDE	
	Address or location of property: 277755 +	
	Account number of property: S1700.01.000.0042.20 +	Tax receipt number: OR 22205138

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 +	01/08	/ 2013	\$ 10,234.67 +
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 5,638.49 A

Taxpayer's reason for refund (attach supporting documentation): **SUPP# 42 VALUE DECREASED**
RF130209
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 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		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: (P) 3/20/13 2 3/24/13
	Authorized officer sign here 	Date 3/21/13	
	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) sign here 	Date 3-15-13	

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: DG 3/12/13 J. C. 3/21/13	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


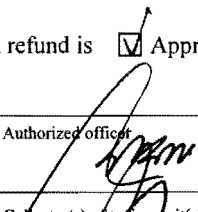

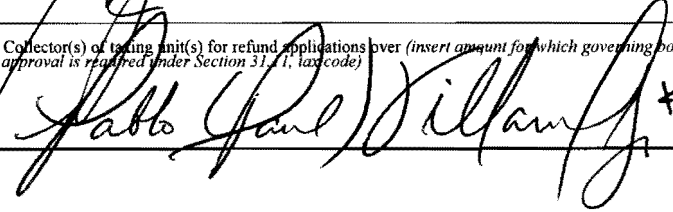
Step 1: Owner's name and address	Owner's name LOPEZ CASTILLO RAUL MD PAID BY: CORELOGIC*
	Present mailing address (number and street) 2405 SOLERA DR
	City, town or post office, state, ZIP code MISSION, TX 78572
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SHARYLAND PLANTATION VILLAGE SOLERA PH 2**

Step 2: Describe the property	LOT 9
	Address or location of property: 622822*
	Account number of property: S3002.02.000.0009.00
	Tax receipt number: OR 22106973

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	2012*	12/28	/ 12	\$ 43,726.64	\$ 16,655.56
	2.			/	\$	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5.			/	\$ TOTAL	\$ 16,655.56*
Taxpayer's reason for refund (attach supporting documentation): VALUE DECREASE*						
RF130112						
MM						

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 
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	
	sign here  Authorized officer 	Date 3/21/13
	sign here  Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.01, tax code) 	Date 3-5-13*

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	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 03/12/13 <i>J.C. 3/20/13</i>
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 HIGGIN DAVID JR/MARIA REVUELTA GAYTAN PAID BY:BAC TAX SERVICES †
Owner's name and address	Present mailing address (number and street) 305 W ULEX AVE
	City, town or post office, state, ZIP code MCALLEN, TX 78504
	Phone (area code and number)

Step 2:	Legal description (or attach copy of the tax bill or tax receipt): VILLAS AT VIOLET LOT 14
Describe the property	Address or location of property: 692306 †
	Account number of property: V3802.00.000.0014.00 OR Tax receipt number: 19297901

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 †	12/9 / 11	\$ 2987.49	\$ 2946.94
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 2946.94 †
	Taxpayer's reason for refund (attach supporting documentation): VETERAN CHANGE †				
	RF130112				
	MM				

Step 4:	"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 the form	sign here <small>Signature</small>	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	
	sign here <small>Authorized officer</small>	Date 3/12/13
	sign here <small>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)</small>	Date 3-5-13 †

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S 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	DATE: DE 31/3/13	Phone (area code and number) (956) 318-2157
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	<i>J.C. 3/2/13</i>	

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

Step 1: Owner's name and address	Owner's name HIGGIN DAVID JR /MARIA REVUELTA GAYTAN PAID BY: BAC TAX SERVICES †	
	Present mailing address (number and street) 305 W ULEX AVE	
	City, town or post office, state, ZIP code MCALLEN, TX 78504	Phone (area code and number) #

Legal description (or attach copy of the tax bill or tax receipt): **VILLAS AT VIOLET LOT 14**

Step 2: Describe the property	Address or location of property:	
	692306 †	
	Account number of property: V3802.00.000.0014.00	Tax receipt number: OR 21871752

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	2012 †	12/19 / 12	\$ 2949.56	\$ 2949.56
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5.		/	\$ TOTAL	\$ 2949.56 †
Taxpayer's reason for refund (attach supporting documentation): VETERAN CHANGE †					
RF130112					
MM					

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 #
	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	
	sign here # Authorized officer <i>[Signature]</i>	Date 3/2/13
	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) <i>[Signature]</i>	Date 3-5-13 †

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 GONZALEZ, SAN JUANITA (PAID BY: CORELOGIC)
	Present mailing address (number and street) P.O. BOX 169
	City, town or post office, state, ZIP code PHARR, TX 78577

Legal description (or attach copy of the tax bill or tax receipt): **WONDERLAND ESTATES PH 1 LOT 2 PHASE 1**

Step 2: Describe the property	Address or location of property: 330430
	Account number of property: W7150.01.000.0002.00
	Tax receipt number: OR 17142722

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	12/22	/ 2010	\$ 7857.61
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3699.16

Taxpayer's reason for refund (attach supporting documentation): **SUPP # 32 VALUE DECREASED**

RF130209

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 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 3/21/13
	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) sign here	Date 3-15-15

AUDITED BY: THE HIDALGO CO. TY AUDITOR'S OF ICE
DATE: **3/20/13**
J. C. H. H.

3/18

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 GARZA MARIANO JR & MARIO & CARLOS PAID BY LONE STAR NATIONAL BANK <i>4</i>
	Present mailing address (number and street) P O BOX 1127
	City, town or post office, state, ZIP code PHARR, TX 78577

Legal description (or attach copy of the tax bill or tax receipt): **WOODS, M L #3 E 5.35AC OF LOT 10 EXC .53 AC**

Step 2: Describe the property	4.82AC NET
	Address or location of property: 707 SST TREVINO
	330813 <i>4</i>
	Account number of property: W7650.00.000.0010.00 <i>4</i> OR 21662177

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 <i>4</i>	4-30	/ 2012	\$ 1500.00 <i>4</i>
2. ALL ENTITIES	2010 <i>4</i>	7-31	/ 2012	\$ 500.00 <i>4</i>	\$
3. ALL ENTITIES	2010 <i>4</i>	11-30	/ 2012	\$ 8421.18 <i>4</i>	\$ 3131.05 <i>4</i>
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3131.05 <i>4</i>

Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASE**

RF130112

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."	
	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	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 3/20/13 <i>3/21/13</i>
	Authorized officer sign here	Date 3/21/13
	Collector(s) of taxing unit(s) for refund application over (insert amount for which governing body approval is required under Section 51.11, Tax Code) sign here	Date 3-6-13

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 GARZA MARIANO JR & MARIO & CARLOS PAID BY: LONE STAR NATIONAL BANK
	Present mailing address (number and street) PO BOX 1127
	City, town or post office, state, ZIP code PHARR, TX 78577

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **WOODS, M L #3 E5.35AC OF LOT 10 EXC .53AC 4.82AC**

Step 2: Describe the property	NET
	Address or location of property: 330813
	Account number of property: W7650.00.000.0010.00
	Tax receipt number: OR 21662177

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	5/31	\$ 500.00	\$
	2. ALL ENTITIES	2011	6/29	\$ 500.00	\$
	3. ALL ENTITIES	2011	11/30	\$ 8360.58	\$ 2852.33
	4.			\$	\$
	5.			\$ TOTAL	\$ 2852.33

Taxpayer's reason for refund (attach supporting documentation): **VALUE DECREASE**

RF130112

MM

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

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	
	sign here Authorized office	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 3/20/13
	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 3-6-13

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