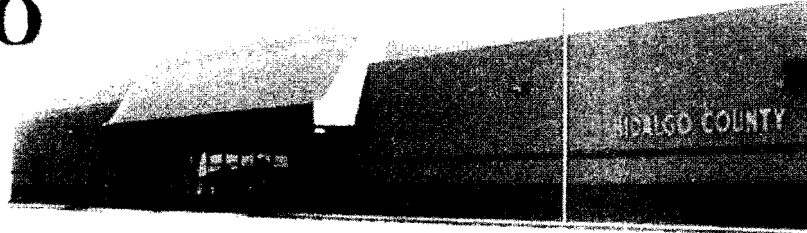


Office of Tax Assessor - Collector
COUNTY of HIDALGO



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

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

April 19, 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,

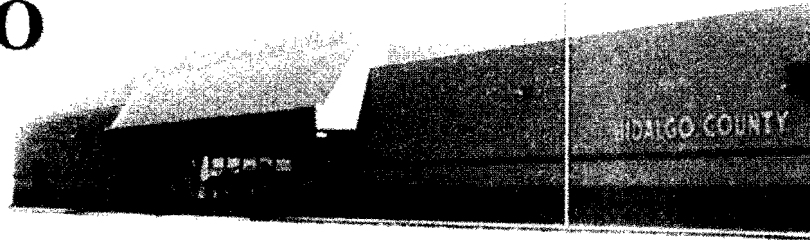
Pablo (Paul) Villarreal, Jr., RTA

nlr

Enclosure

cc: Raymundo Eufrazio, CPA
Hidalgo County Auditor

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

ACCOUNT NUMBER	PAYER	AMOUNT
K2400.00.000.0098.01	El Campu Llc	\$6,595.78
M3239.00.000.0003.00	Alonzo Cantu Construction, Inc.	\$2,610.66
M3239.00.000.0004.00	Alonzo Cantu Construction, Inc.	\$2,548.04
M3239.00.000.0006.00	Alonzo Cantu Construction, Inc.	\$4,490.77
M3239.00.000.0008.00	Alonzo Cantu Construction, Inc.	\$2,715.13
S6220.00.000.0003.00	Wells Fargo	\$3,571.42
S6453.00.000.0006.00	Doctors Rehab of the Rgv	\$3,146.57
T1231.05.000.0007.00	Tejas Building & Development	\$4,467.77
W0100.00.030.0008.03	Corelogic	\$3,609.56
W0100.00.030.0008.03	Corelogic	\$3,318.16
W7650.00.000.0010.00	Law Office of Richard A Cantu Pc	\$12,199.16

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 EL CAMPU LLC <i>A</i>
	Present mailing address (number and street) 2408 EL ENCINO DR <i>A</i>
	City, town or post office, state, ZIP code MISSION, TX 78573 <i>A</i>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **KELLY PHARR TRACT N18.6AC-E 1/2 LOT 98**

Step 2: Describe the property	18.60AC GR 18.30AC NET	
	Address or location of property: 202253 <i>A</i>	
	Account number of property: K2400.00.000.0098.01 <i>A</i>	Tax receipt number: OR 21543037


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 <i>A</i>	11/20	/ 2012	\$ 16,630.20 <i>A</i>
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 6,595.78 <i>A</i>

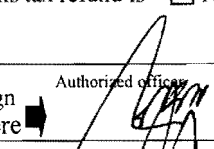
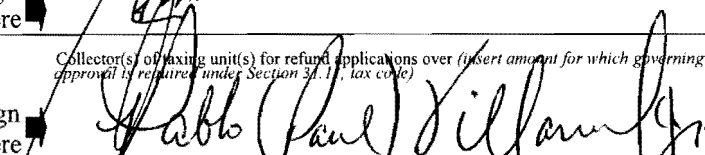
Taxpayer's reason for refund (attach supporting documentation): **SUPP# 7**

VALUE DECREASED / AG EXCL INCREAS

NB

Apply to Account (202253)

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: <i>PN</i> <u>4-12-13</u>
	Authorized officer sign here 	Date 4/17/13	
	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 4-8-13	

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 MEDICAL PLAZA OF WESLACO LTD (PAID BY: ALONZO CANTU CONSTRUCTION, INC.) 4
	Present mailing address (number and street) 5221 N MCCOLL RD 4
	City, town or post office, state, ZIP code MCALLEN, TX 78504 4

Legal description (or attach copy of the tax bill or tax receipt): **MEDICAL PLAZA OF WESLACO CONDOS UNIT 3**

Step 2: Describe the property	Address or location of property:
	704808 4
	Account number of property: Tax receipt number:
	M3239.00.000.0003.00 4 OR 22187216

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	01/04	/ 2013	\$ 8,188.86 4
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 2,610.66 1

Taxpayer's reason for refund (attach supporting documentation): **SUPP# 7**

VALUE DECREASED

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 CO. AUDITOR'S OFFICE. DATE: 4-12-13 J. C. Williams
	Authorized officer sign here	Date 4/12/13
	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) Pablo (Paul) Williams	Date 4-8-13

4/9

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 MEDICAL PLAZA OF WESLACO LTD (PAID BY: ALONZO CANTU CONSTRUCTION, INC.) d	
	Present mailing address (number and street) 5221 N MCCOLL RD a	
	City, town or post office, state, ZIP code MCALLEN, TX 78504 a	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MEDICAL PLAZA OF WESLACO CONDOS UNIT 4**


Step 2: Describe the property	Address or location of property:	
	704809 a	
	Account number of property:	Tax receipt number:
	M3239.00.000.0004.00 a	OR 22187218

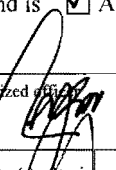
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2012 d	01/04	/ 2013	\$ 7,992.47 a
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 2,548.04 n

Taxpayer's reason for refund (attach supporting documentation): **SUPP# 7**

VALUE DECREASED

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: 4-12-13 J. C. HILL
	Authorized sign here 	Date	4/17/13
	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) Pablo (Paul) Jullana	Date	4-8-13

419

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 MEDICAL PLAZA OF WESLACO LTD (PAID BY: ALONZO CANTU CONSTRUCTION, INC.)	
	Present mailing address (number and street) 5221 N MCCOLL RD	
	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): **MEDICAL PLAZA OF WESLACO CONDOS UNIT 6**

Step 2: Describe the property	Address or location of property:	
	704811	
	Account number of property: M3239.00.000.0006.00	Tax receipt number: OR 22187220

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	01/04	/ 2013	\$ 14,086.61
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 4,490.77

Taxpayer's reason for refund (attach supporting documentation): **SUPP# 7**

VALUE DECREASED

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: APR 16 13 <i>D. Cullalt</i>
	Authorized officer sign here		Date 4/17/13
	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	Paul Killam	Date 4-8-13

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DRI-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 MEDICAL PLAZA OF WESLACO LTD (PAID BY: ALONZO CANTU CONSTRUCTION, INC.)	
	Present mailing address (number and street) 5221 N MCCOLL RD	
	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): **MEDICAL PLAZA OF WESLACO CONDOS UNIT 8**

Step 2: Describe the property	Address or location of property:	
	704813	
	Account number of property:	Tax receipt number:
	M3239.00.000.0008.00	OR 22187219

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	01/04 / 2013	\$ 8,506.81	\$ 2,715.13
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2,715.13
Taxpayer's reason for refund (attach supporting documentation): SUPP# 7					
VALUE DECREASED					
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: 4-16-13 <i>S. C. 4/14/13</i>
	Authorized officer sign here	Date	4/17/13
	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	4-8-13

4/9

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 VASQUEZ JORGE FELIX & GRETA A VASQUEZ (PAID BY: WELLS FARGO)	
	Present mailing address (number and street) P.O. BOX 222	
	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): **STEWART SOUTH LOT 3**

Step 2: Describe the property	Address or location of property:	
	290748	
	Account number of property:	Tax receipt number:
	S6220.00.000.0003.00	OR 22006379

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	\$ 3,571.42
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,571.42

Taxpayer's reason for refund (attach supporting documentation): **SUPPT# 7**

VETERAN CHANGED

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		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 4-16-13
	Authorized officer sign here		Date 4/12/13
	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	Pablo (Paul) Villanueva	

4/9

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 BURT HOLDINGS LP (PAID BY: DOCTORS REHAB OF THE RGV)	
	Present mailing address (number and street) 4854 S. JACKSON RD	
	City, town or post office, state, ZIP code EDINBURG, TX 78539	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **STONEWORKS PLAZA LOT 6& 7 ***


Step 2: Describe the property	Address or location of property: 710710*	
	Account number of property: S6453.00.000.0006.00*	Tax receipt number: OR 23123713/ 21530519

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*	02/22	/ 2013	\$ 18,773.13*
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,146.57*

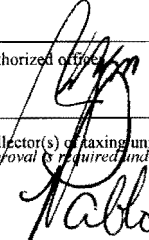
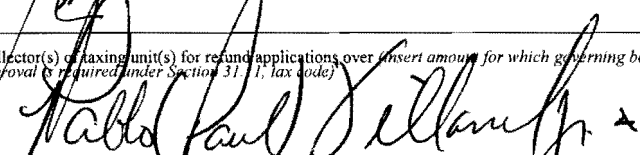
Taxpayer's reason for refund (attach supporting documentation): **SUPP # 7**

VALUE DECREASED

NB Apply to Account (819100)

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: 4-16-13 <i>J. C. [signature]</i>
	Authorized officer sign here 	Date 4/17/13	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 

4/9

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 TEJAS BUILDING & DEV CO INC (PAID BY: TEJAS BUILDING & DEVELOPMENT)
	Present mailing address (number and street) 2623 N TEXAS BLVD
	City, town or post office, state, ZIP code WESLACO, TX 78596

Legal description (or attach copy of the tax bill or tax receipt): **TEJAS # 5 PH 2 LOT 7; DELETE CREATED IN ERROR**

Step 2: Describe the property	Address or location of property:
	683861
	Account number of property: T1231.05.000.0007.00
	Tax receipt number: OR 21218147

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	2006	09/28	/ 2012	\$ 4,467.77
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 4,467.77

Taxpayer's reason for refund (attach supporting documentation):
VALUE DECREASED Apply to T1231.05.000.0007.01 (843238)
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: 04/12/13 J. C. Williams
	Authorized officer sign here	Date 4/17/13	
	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) sign here	Date 4-8-13	

4/a

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		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 SALAZAR JANE S (PAID BY: CORELOGIC)					
	Present mailing address (number and street) 3415 N MAYBERRY RD					
	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): WEST ADDN. TO SHARYLAND E330-N132-S792 LOT						
Step 2: Describe the property	30-8 1.0AC GR .92AC NET					
	Address or location of property:					
	317404					
	Account number of property:	Tax receipt number:				
	W0100.00.030.0008.03	OR	19658637			
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	\$ 3,879.76	\$ 3,609.56
	2.			/	\$	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5. TOTAL			/	\$	\$ 3,609.56
Taxpayer's reason for refund (attach supporting documentation): SUPP# 15						
VETERAN CHANGED						
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: 4-12-13
	Authorized officer sign here				Date 4/17/13	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 37.11 tax code) sign here				Date 4-8-13	

419

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 SALAZAR JANE S (PAID BY: CORELOGIC)	
	Present mailing address (number and street) 3415 N MAYBERRY RD	
	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): **WEST ADDN TO SHARYLAND E330-N132-S792 LOT**

Step 2: Describe the property	30-8 1.0AC GR .92AC NET	
	Address or location of property:	
	317404	
	Account number of property: W0100.00.030.0008.03	Tax receipt number: OR 22107038

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	\$ 3,912.79
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,318.16

Taxpayer's reason for refund (attach supporting documentation): **SUPP # 7**

VETERAN CHANGED

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		APPROVED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 4-12-13
	Authorized officer sign here		Date: 4/17/13
	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	Pablo (Paul) Villanueva	

4/9

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 (PAID BY: LAW OFFICE OF RICHARD A. CANTU PC) d
	Present mailing address (number and street) P.O. BOX 2402 d
	City, town or post office, state, ZIP code SAN JUAN, TX 78589 d
	Phone (area code and number)

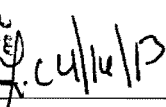


Legal description (or attach copy of the tax bill or tax receipt): **WOODS, ML # 3 E5.35 AC OF LOT 10 EXC .53AC**

Step 2: Describe the property	4.82AC NET
	Address or location of property: 330813 d
	Account number of property: W7650.00.000.0010.00 d
	Tax receipt number: OR 14591276

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	2008 d	11/18	/ 2009	\$ 21,534.72
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 12,199.16 A

Taxpayer's reason for refund (attach supporting documentation): **SUPP# 48**
VALUE DECREASED
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: 4-12-13 
	Authorized sign here 	Date 4/12/13	
	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)	Pablo (Paul) Tillman Jr sign here 	

419