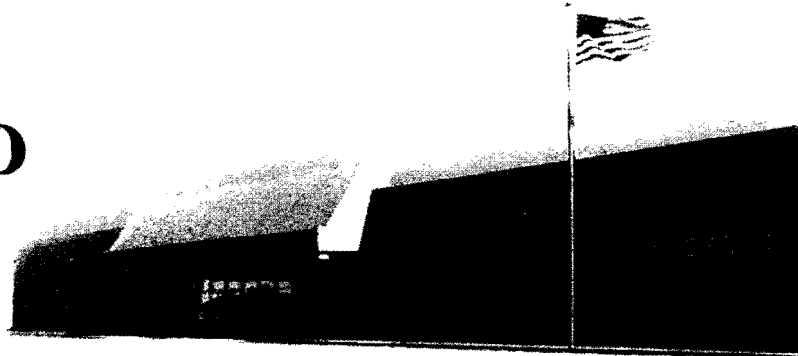


Office of Tax Assessor - Collector  
**COUNTY of HIDALGO**  
*Pablo "Paul" Villarreal, Jr. R7A*



JULY 13, 2015

P.O. Box 178  
Edinburg, Texas 78540-0178  
Ph. (956) 318-2157  
Fax (956) 318-2733  
[www.hidalgocountytax.org](http://www.hidalgocountytax.org)

The Honorable Ramon Garcia  
Hidalgo County Commissioners  
Edinburg, Texas 78539

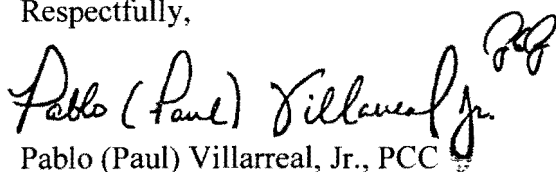
Re: See attached list

Gentlemen:

The Hidalgo County District Court has ordered a correction to the tax roll as allowed by Property Tax Code Section 42.43. 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.

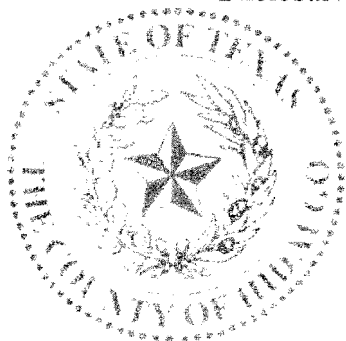
When completed, please return the attached to our office. Thank you for your assistance in this matter.

Respectfully,

  
Pablo (Paul) Villarreal, Jr., PCC

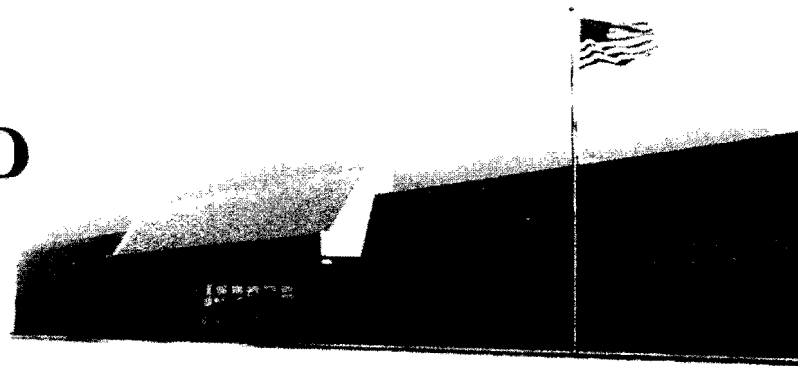
sp

Enclosure



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

*Pablo "Paul" Villarreal, Jr. RTA*



P.O. Box 178  
Edinburg, Texas 78540-0178  
Ph. (956) 318-2157  
Fax (956) 318-2733  
[www.hidalgocountytax.org](http://www.hidalgocountytax.org)

| ACCOUNT NUMBER       | PAYER                              | AMOUNT      |
|----------------------|------------------------------------|-------------|
| B2032.00.000.001A.00 | RED MORTGAGE CAPITAL, LLC          | \$4,241.55  |
| E8465.04.000.0001.00 | J M A ENTERPRISES INC              | \$11,133.21 |
| H0850.00.002.0097.03 | INTERNATIONAL PAPER COMPANY        | \$10,312.57 |
| K2400.00.000.0169.20 | TRI-NATIONS EXPRESS INC            | \$9,181.11  |
| S5720.00.000.0001.00 | ASSISTED LIVING PARTNERSHIP II LTD | \$8,381.18  |
| S6765.00.000.0001.00 | OWL VENTURES LTD                   | \$10,453.72 |



# APPLICATION FOR TAX REFUND

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


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

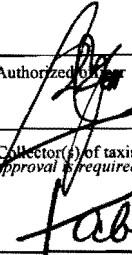
|   |   |
|---|---|
| <b>Step 1:<br/>Owner's name and address</b> | Owner's name<br><b>ASSISTED LIVING PARTNERSHIP I LTD PAID BY: (RED MORTGAGE CAPITAL, LLC)</b> |
|   | Present mailing address (number and street)<br><b>5208 S SUGAR RD</b>                         |
|   | City, town or post office, state, ZIP code<br><b>EDINBURG, TX 78539</b>                       |
|   | Phone (area code and number)  |

|  |  |   |
|--|--|---|
| <b>Step 2:<br/>Describe the property</b> | Legal description (or attach copy of the tax bill or tax receipt):<br><b>BEAMAN LOT 1A</b> | ACCREDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE.<br>DATE: <b>7-9-15</b><br><i>J.C. 7/10/15</i> |
|  | Address or location of property: <b>5208 S SUGAR RD</b>                                    |   |
|  | Account number of property:<br><b>B2032.00.000.001A.00/815365</b>                          | Tax receipt number:<br><b>OR 28478669</b>   |
|  |  |   |

| <b>Step 3:<br/>Give the tax payment information</b> | Name Of Taxing Unit from Which Refund is Requested | Year for Which Refund is Requested |       | Date of the Tax Payment | Amount of Taxes Paid | Amount of Tax Refund Requested |
|---|--|------------------------------------|-------|-------------------------|----------------------|--------------------------------|
|   | 1. ALL ENTITIES                                    | 2014                               | 01/30 | /                       | 2015                 | \$ 31,489.88                   |
| 2.  |  |                                    | /     |                         | \$                   | \$                             |
| 3.  |  |                                    | /     |                         | \$                   | \$                             |
| 4.  |  |                                    | /     |                         | \$                   | \$                             |
| 5.  |  |                                    | /     |                         | \$                   | \$ 4,241.55 <i>d</i>           |

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER CAUSE # C-6869-14-A**  
**VALUE DECREASED ( DUE DATE AUGUST 12, 2015)**  
**SP**

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

|   |   |                                       |
|---|---|---------------------------------------|
| <b>Step 5:<br/>Tax refund Determination</b> | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |                                       |
|   | Authorized sign here   | Date<br><b>7/10/15</b>                |
|   | Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code)<br><b>Fabro (Hane) Jellam</b> | Date<br><b>7-9-15</b> <i>JE d 7/8</i> |

7/9

# APPLICATION FOR TAX REFUND

|   |  |
|---|--|
| Collection office name<br><b>HIDALGO COUNTY TAX OFFICE</b>                  | Collecting tax for: (Tax Units)<br>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)<br><b>P O BOX 178</b>           |  |
| City, town or post office, state, ZIP code<br><b>EDINBURG TX 78540-0178</b> | Phone (area code and number)<br><b>(956) 318-2157</b>  |

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

|   |   |
|---|---|
| <b>Step 1:<br/>Owner's name and address</b> | Owner's name<br><b>J M A ENTERPRISES INC d</b>                              |
|   | Present mailing address (number and street)<br><b>1309 BUSINESS PARK DR</b> |
|   | City, town or post office, state, ZIP code<br><b>MISSION, TX 78572-6057</b> |
|   | Phone (area code and number)  |

|  |  |   |
|--|--|---|
| <b>Step 2:<br/>Describe the property</b> | Legal description (or attach copy of the tax bill or tax receipt):<br><b>EXPRESSWAY BUSINESS PARK PH 4 LOT 1 &amp; 2</b> | <b>ACCEPTED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b><br>DATE: <b>7-9-15</b><br><i>JC 7/10/15</i> |
|  | Address or location of property: <b>810 TRINITY DR</b>   |   |
|  | Account number of property:<br><b>E8465.04.000.0001.00/560042 a</b>  | Tax receipt number:<br><b>OR 28467519</b>   |
|  |  |   |

| <b>Step 3:<br/>Give the tax payment information</b> | Name Of Taxing Unit from Which Refund is Requested | Year for Which Refund is Requested | Date of the Tax Payment | Amount of Taxes Paid | Amount of Tax Refund Requested |
|---|--|------------------------------------|-------------------------|----------------------|--------------------------------|
|   | 1. ALL ENTITIES                                    | 2014                               | 01/30                   | / 2015               | \$ 97,151.75                   |
| 2.  |  |                                    | /                       | \$                   | \$                             |
| 3.  |  |                                    | /                       | \$                   | \$                             |
| 4.  |  |                                    | /                       | \$                   | \$                             |
| 5.  |  |                                    | /                       | \$                   | \$ 11,133.21                   |

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER CAUSE # C-7267-14-G**

**VALUE DECREASED ( DUE DATE AUGUST 18, 2015)**

**SP**

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

|   |   |                                     |
|---|---|-------------------------------------|
| <b>Step 5:<br/>Tax refund Determination</b> | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |                                     |
|   | Authorized officer<br><b>sign here</b>  | Date<br><b>7/10/15</b>              |
|   | Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code)<br><b>sign here</b> | Date<br><b>7-9-15</b> <i>JE 7/8</i> |

7/9

# APPLICATION FOR TAX REFUND

|   |  |
|---|--|
| Collection office name<br><b>HIDALGO COUNTY TAX OFFICE</b>                  | Collecting tax for: (Tax Units)<br>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)<br><b>P O BOX 178</b>           |  |
| City, town or post office, state, ZIP code<br><b>EDINBURG TX 78540-0178</b> | Phone (area code and number)<br><b>(956) 318-2157</b>  |

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

|   |   |
|---|---|
| <b>Step 1:<br/>Owner's name and address</b> | Owner's name<br><b>INTERNATIONAL PAPER COMPANY</b> <i>d</i>                 |
|   | Present mailing address (number and street)<br><b>PO BOX 2118</b> <i>x</i>  |
|   | City, town or post office, state, ZIP code<br><b>MEMPHIS, TN 38101-2118</b> |
|   | Phone (area code and number)  |

Legal description (or attach copy of the tax bill or tax receipt):

**Step 2:  
Describe the property**

**C.E.HAMMOND N8.65AC OF LOTS 97 & 98 BLK 2 8.65AC NET**

Address or location of property: **200 N 26<sup>TH</sup> ST**

Account number of property: **H0850.00.002.0097.03** *x*      OR      **28612108** *←*      Tax receipt number:

| <b>Step 3:<br/>Give the tax payment information</b> | Name Of Taxing Unit from Which Refund is Requested | Year for Which Refund is Requested |        | Date of the Tax Payment | Amount of Taxes Paid | Amount of Tax Refund Requested |
|---|--|------------------------------------|--------|-------------------------|----------------------|--------------------------------|
|   | 1. ALL ENTITIES                                    | 2014                               | 01/30/ | /                       | 2015                 | \$ 90,491.98                   |
| 2.  |  |                                    | /      |                         | \$                   | \$                             |
| 3.  |  |                                    | /      |                         | \$                   | \$                             |
| 4.  |  |                                    | /      |                         | \$                   | \$                             |
| 5.  |  |                                    | /      |                         | \$                   | \$ 10,312.57                   |

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER CAUSE # C-7225-14-E**

**VALUE DECREASED ( DUE DATE AUGUST 6, 2015)**

**SP**

**Step 4:  
sign the form**

"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."

Signature \_\_\_\_\_ Date of application for tax refund \_\_\_\_\_

sign here *→*

**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  Approved  Disapproved

**AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE**  
DATE: *7/10/15*  
*2.07/10/15*

Authorized officer \_\_\_\_\_ Date **7/10/15**

Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approvals required under Section 31.11, tax code) \_\_\_\_\_ Date **7-9-15** *JE 7/8*

sign here *→* **Jablo (Paul) Villanueva** *x*

7/9

# APPLICATION FOR TAX REFUND

|   |  |
|---|--|
| Collection office name<br><b>HIDALGO COUNTY TAX OFFICE</b>                  | Collecting tax for: (Tax Units)<br>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)<br><b>P O BOX 178</b>           |  |
| City, town or post office, state, ZIP code<br><b>EDINBURG TX 78540-0178</b> | Phone (area code and number)<br><b>(956) 318-2157</b>  |

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

|   |   |
|---|---|
| <b>Step 1:<br/>Owner's name and address</b> | Owner's name<br><b>PHILLIPS WAYNE (PAID BY: TRI-NATIONS EXPRESS INC)</b>    |
|   | Present mailing address (number and street)<br><b>PO BOX 4170</b>           |
|   | City, town or post office, state, ZIP code<br><b>MCALLEN, TX 78502-4170</b> |
|   | Phone (area code and number)  |

Legal description (or attach copy of the tax bill or tax receipt):

|  |   |   |
|--|---|---|
| <b>Step 2:<br/>Describe the property</b> | <b>KELLY PHARR TRACT S155.51'-N388.03'S1/2 LOT 169 2.45AC GR 2.34AC NET</b> |   |
|  | Address or location of property: <b>W EXPWY 83</b>                          |   |
|  | Account number of property:<br><b>K2400.00.000.0169.20/202688</b>           | Tax receipt number:<br><b>OR 28662190</b> |

| <b>Step 3:<br/>Give the tax payment information</b> | Name Of Taxing Unit from Which Refund is Requested | Year for Which Refund is Requested | Date of the Tax Payment | Amount of Taxes Paid | Amount of Tax Refund Requested |
|---|--|------------------------------------|-------------------------|----------------------|--------------------------------|
|   | 1.   | ALL ENTITIES                       | 2014                    | 01/30 / 2015         | \$ 30,930.50                   |
| 2.  |  |                                    | /                       | \$                   | \$                             |
| 3.  |  |                                    | /                       | \$                   | \$                             |
| 4.  |  |                                    | /                       | \$                   | \$                             |
| 5.  |  |                                    | /                       | \$                   | \$ 9,181.11                    |

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER CAUSE # C-6766-14-A**

**VALUE DECREASED ( DUE DATE AUGUST 13, 2015)**

**SP**

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

|   |  |                        |  |                                    |
|---|--|------------------------|--|------------------------------------|
| <b>Step 5:<br/>Tax refund Determination</b> | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved |                        | <b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>   |                                    |
|   |  |                        | DATE: <b>7/10/15</b><br><i>A.C. 7/10/15</i>  |                                    |
|   | Authorized officer<br>sign here  | Date<br><b>7/10/15</b> | Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 11.11, tax code)<br>sign here | Date<br><b>7-9-15</b> <i>JE/18</i> |

7/9

# APPLICATION FOR TAX REFUND

|   |  |
|---|--|
| Collection office name<br><b>HIDALGO COUNTY TAX OFFICE</b>                  | Collecting tax for: (Tax Units)<br>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)<br><b>P O BOX 178</b>           |  |
| City, town or post office, state, ZIP code<br><b>EDINBURG TX 78540-0178</b> | Phone (area code and number)<br><b>(956) 318-2157</b>  |


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

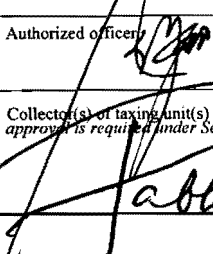
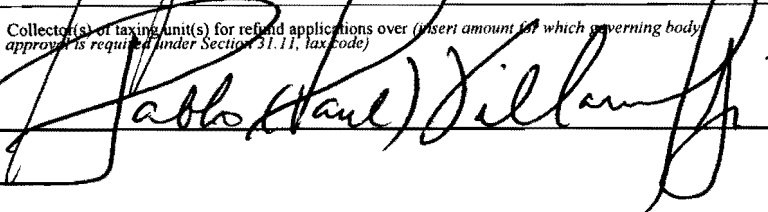
|   |  |
|---|--|
| <b>Step 1:<br/>Owner's name and address</b> | Owner's name<br><b>ASSISTED LIVING PARTNERSHIP II LTD *</b>                |
|   | Present mailing address (number and street)<br><b>PO BOX 851</b>           |
|   | City, town or post office, state, ZIP code<br><b>BOERNE, TX 78006-0851</b> |
|   | Phone (area code and number)   |

Legal description (or attach copy of the tax bill or tax receipt):

|  |   |
|--|---|
| <b>Step 2:<br/>Describe the property</b> | <b>ST CLAIRE BUSINESS CENTRE LOT 1</b>  |
|  | Address or location of property: <b>1201 ST CLAIRE</b>  |
|  | Account number of property: <b>S5720.00.000.0001.00/614248 *</b> OR Tax receipt number: <b>28256065</b> |

|  |  |                                    |                         |                      |                                |
|--|--|------------------------------------|-------------------------|----------------------|--------------------------------|
| <b>Step 3:<br/>Give the tax payment information</b>  | Name Of Taxing Unit from Which Refund is Requested | Year for Which Refund is Requested | Date of the Tax Payment | Amount of Taxes Paid | Amount of Tax Refund Requested |
|  | 1. ALL ENTITIES                                    | 2014                               | 01/28 / 2015            | \$ 49,219.51         | \$ 8,381.18                    |
|  | 2.   |                                    | /                       | \$                   | \$                             |
|  | 3.   |                                    | /                       | \$                   | \$                             |
|  | 4.   |                                    | /                       | \$                   | \$                             |
|  | 5.   |                                    | /                       | \$                   | \$ 8,381.18 *                  |
| Taxpayer's reason for refund (attach supporting documentation): <b>COURT ORDER CAUSE # C-6869-14-A</b> |  |                                    |                         |                      |                                |
| <b>VALUE DECREASED ( DUE DATE AUGUST 12, 2015)</b>   |  |                                    |                         |                      |                                |
| <b>SP</b>  |  |                                    |                         |                      |                                |

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

|   |   |   |
|---|---|---|
| <b>Step 5:<br/>Tax refund Determination</b> | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved  | AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE<br>DATE: <b>7/10/15</b> |
|   | Authorized officer<br>sign here    | Date<br><b>7/10/15</b>  |
|   | Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code)<br>sign here  | Date<br><b>7-9-15 *</b> JE 7/9  |

7/9

# APPLICATION FOR TAX REFUND

|   |  |
|---|--|
| Collection office name<br><b>HIDALGO COUNTY TAX OFFICE</b>                  | Collecting tax for: (Tax Units)<br>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)<br><b>P O BOX 178</b>           |  |
| City, town or post office, state, ZIP code<br><b>EDINBURG TX 78540-0178</b> | Phone (area code and number)<br><b>(956) 318-2157</b>  |

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


|   |   |
|---|---|
| <b>Step 1:<br/>Owner's name and address</b> | Owner's name<br><b>OWL VENTURES LTD <sup>λ</sup></b>                        |
|   | Present mailing address (number and street)<br><b>PO BOX 6321</b>           |
|   | City, town or post office, state, ZIP code<br><b>MCALLEN, TX 78502-6321</b> |
|   | Phone (area code and number)  |

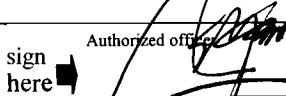
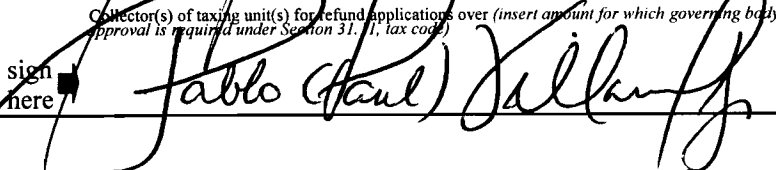
Legal description (or attach copy of the tax bill or tax receipt):

|  |  |   |
|--|--|---|
| <b>Step 2:<br/>Describe the property</b> | <b>SUE'S PLACE LOTS 1 &amp; 2 &amp; 3A 25 X 200 SQ FT HCWID #3 LRL</b> |   |
|  | Address or location of property: <b>6500 N 10<sup>TH</sup> ST</b>      |   |
|  | Account number of property:<br><b>S6765.00.000.0001.00/629500</b>      | Tax receipt number:<br><b>OR 27529971</b> |
|  |  |   |

| <b>Step 3:<br/>Give the tax payment information</b> | Name Of Taxing Unit from Which Refund is Requested | Year for Which Refund is Requested | Date of the Tax Payment | Amount of Taxes Paid | Amount of Tax Refund Requested |
|---|--|------------------------------------|-------------------------|----------------------|--------------------------------|
|   | 1. ALL ENTITIES                                    | 2014                               | 12/29                   | / 2014               | \$ 89,679.92                   |
| 2.  |  |                                    | /                       | \$                   | \$                             |
| 3.  |  |                                    | /                       | \$                   | \$                             |
| 4.  |  |                                    | /                       | \$                   | \$                             |
| 5.  |  |                                    | /                       | \$                   | \$ 10,453.72 <sup>λ</sup>      |

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER CAUSE # C-6768-14-F<sup>λ</sup>**  
**VALUE DECREASED ( DUE DATE AUGUST 17, 2015)**  
**SP**

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

|   |   |                                    |  |
|---|---|------------------------------------|--|
| <b>Step 5:<br/>Tax refund Determination</b> | This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |                                    | AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE<br>DATE: <b>GR 7-13-15</b><br><b>D. C. 7/16/15</b> |
|   | Authorized officer<br>sign here    | Date<br><b>7/16/15</b>             |  |
|   | Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code)<br>sign here  | Date<br><b>7-9-15</b> <sup>λ</sup> | <b>JE 7/8</b>  |

7/9