

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY  
CERTIFICATION OF FILING**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Sierra Title of Hidalgo County, Inc.  
McAllen, TX United States

**Certificate Number:**  
2016-6057

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
Hidalgo County

**Date Filed:**  
01/26/2016

**Date Acknowledged:**  
01/29/2016

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.**  
RPF No. 2016-010-01-13-SMC  
Title Report Related Services- Pool (Services Rendered)

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Moffitt, James	McAllen, TX United States	X	
Moschel, W.D.	McAllen, TX United States	X	
King, John	McAllen, TX United States	X	

**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT** I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

\_\_\_\_\_  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

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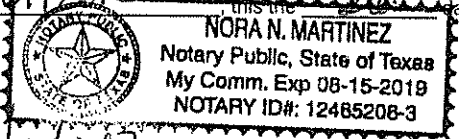
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*Matthew Wilson*  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew Wilson this the 26th day of January, 2016, to certify which, witness my hand and seal of office.



*Nora N. Martinez*  
\_\_\_\_\_  
Signature of officer administering oath

Nora N. Martinez  
Printed name of officer administering oath

Bookkeeper  
Title of officer administering oath