

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

*Pablo "Paul" Villarreal, Jr. RTA*



March 2, 2016

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. JE*

Pablo (Paul) Villarreal, Jr., PCC

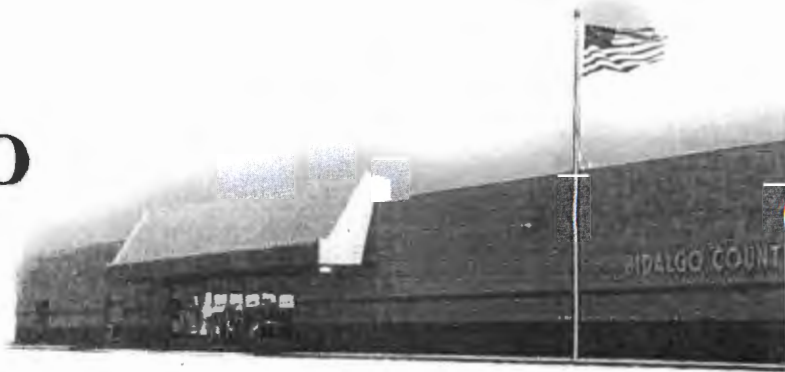
jn

Enclosure



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

*Pablo "Paul" Villarreal, Jr. RTA*



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ACCOUNT NUMBER	PAYER	AMOUNT
C7883.02.000.0004.00	WEINGARTEN REALTY	\$7,280.79
C7883.02.000.0004.00	WEINGARTEN LAS TIENDAS JV	\$7,543.96
C7883.02.000.0004.00	WEINGARTEN LAS TIENDAS JV	\$7,509.88
C7883.02.000.0004.01	WEINGARTEN REALTY	\$5,459.88
C7883.02.000.0004.01	WEINGARTEN REALTY	\$7,037.41
C7883.02.000.0004.01	WEINGARTEN LAS TIENDAS JV	\$6,948.99
C8750.00.012.0005.00	CORELOGIC COMMERCIAL REAL ESTATE SERVICES	\$6,633.42
C8750.00.012.0005.00	CAPITAL FUNDING, LLC	\$14,455.47
H2550.00.007.0002.08	CORELOGIC COMMERCIAL REAL ESTATE SERVICES	\$6,982.53
H2550.00.007.0002.08	CORELOGIC COMMERCIAL REAL ESTATE SERVICES	\$11,240.83
J2007.00.000.0007.00	ANDREW JIN-CHAN CHERNG	\$3,133.98



2804 S. Bus. Hwy 281 • Edinburg, Texas 78539

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**COUNTY of HIDALGO**

*Pablo "Paul" Villarreal, Jr. R7A*



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R3860.00.000.0006.00	WEINGARTEN REALTY	\$5,568.21
R3860.00.000.0006.00	WEINGARTEN REALTY	\$3,919.47
R3860.00.000.0006.00	WEINGARTEN NOLANA JV	\$3,922.96
R3860.00.000.0009.00	WEINGARTEN REALTY	\$2,841.16
R3860.00.000.0009.00	WEINGARTEN NOLANA JV	\$3,065.81
R3860.00.000.0009.00	WEINGARTEN NOLANA JV	\$3,068.53
S3003.00.000.005B.00	WEINGARTEN SHARY SOUTH JV	\$11,180.58
S4764.00.000.0010.00	CORELOGIC COMMERCIAL REAL ESTATE SERVICES	\$17,224.25
V0535.00.001.0006.00	PLAINS CAPITAL BANK	\$6,425.20
W3800.00.701.0000.16	CORELOGIC COMMERCIAL REAL ESTATE SERVICES	\$3,185.32
W3800.00.701.0000.16	CAPITAL FUNDING, LLC.	\$6,467.47



2804 S. Bus. Hwy 281 • Edinburg, Texas 78539

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>WEINGARTEN LAS TIENDAS JV PAID BY: WEINGARTEN REALTY</b>
	Present mailing address (number and street) <b>2600 CITADEL PLAZA DE STE 300</b>
	City, town or post office, state, ZIP code <b>HOUSTON, TX 77008</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **CONCORD PROPERTY CORP #2 NORTH 11.03AC GR**

<b>Step 2: Describe the property</b>	<b>LOT 4 AMENDED 10.54AC NET</b>
	Address or location of property:  <b>508903</b>
	Account number of property: <b>C7883.02.000.0004.00</b> <input checked="" type="checkbox"/> OR <b>15585504</b>
	Tax receipt number:

<b>Step 3: 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	2009	1/28	/ 10	\$ 165,384.35
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 7,280.79

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-2688-09-B**

**REFUND DUE BY: MARCH 13, 2016**

**MM**

<b>Step 4: 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 <b>sign here</b>	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: 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 DATE: <b>2/24/16</b>
	Authorized <b>sign here</b>	Date <b>3/1/16</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) <b>Paul Hill</b>	Date <b>1-29-16</b>

2-2-16

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>WEINGARTEN LAS TIENDAS JV d</b>
	Present mailing address (number and street) <b>BILLBOX #01-1729-508/PO BOX 3467</b>
	City, town or post office, state, ZIP code <b>HOUSTON, TX 77253-3467</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **CONCORD PROPERTY CORP #2 NORTH 11.03AC GR**

<b>Step 2:</b> Describe the property	LOT 4 AMENDED 10.54AC NET
	Address or location of property: <b>508903d</b>
	Account number of property: <b>C7883.02.000.0004.00 d</b>
	<b>OR 17740747</b>

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE  
DATE: **2-25-14**

Tax receipt number **J C 2/29/14**

<b>Step 3:</b> 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	1/25	/ 11	\$ 169,925.33
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 7,543.96 d

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-2688-09-B**

**REFUND DUE BY: MARCH 13, 2016**

**MM**

<b>Step 4:</b> 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 <b>sign here</b>	Date of application for tax refund <b>2/29/14</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>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer <b>sign here</b>	Date <b>2/29/14</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) <b>sign here</b>	Date <b>1-29-16</b>

2-2-16

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>WEINGARTEN LAS TIENDAS JV</b>
	Present mailing address (number and street) <b>BILLBOX #01-1729-508/PO BOX 3467</b>
	City, town or post office, state, ZIP code <b>HOUSTON, TX 77253-3467</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **CONCORD PROPERTY CORP #2 NORTH 11.03AC GR**

<b>Step 2:</b> Describe the property	LOT 4 AMENDED 10.54AC NET	
	Address or location of property:	
	<b>508903</b>	
	Account number of property: <b>C7883.02.000.0004.00</b>	Tax receipt number: <b>OR 20068292</b>

<b>Step 3:</b> 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	1/25	/ 12	\$ 170,022.88
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 7,509.88 ↑

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-2688-09-B**

**REFUND DUE BY: MARCH 13, 2016**

**MM**

<b>Step 4:</b> 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."	
	<b>sign here</b> 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.		

<b>Step 5:</b> 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>2/29/16</u> <i>J.C. 2/29/16</i>
	<b>sign here</b> Authorized officer	Date <b>2/1/16</b>	
	<b>sign here</b> Collector(s) of taxing unit(s) for refund applications over \$5000 (insert amount for which governing body approval is required under Section 11.11, tax code)	Date <b>1-29-16</b>	

2-2-16

# APPLICATION FOR TAX REFUND

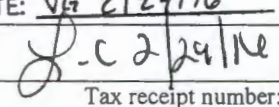
Collection office name <b>HIDALGO COUNTY TAX OFFICE</b>	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) <b>P O BOX 178</b>	
City, town or post office, state, ZIP code <b>EDINBURG TX 78540-0178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

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>WEINGARTEN LAS TIENDAS JV PAID BY: WEINGARTEN REALTY</b>
	Present mailing address (number and street) <b>2600 CITADEL PLAZA DE STE 300</b>
	City, town or post office, state, ZIP code <b>HOUSTON, TX 77008</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **CONCORD PROPERTY CORP #2 SE 9.36AC OF**

<b>Step 2:</b> Describe the property	<b>LOT 4 AMENDED</b>	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b> <b>DATE: 1/29/16</b>  Tax receipt number:
	Address or location of property: <b>508904</b>	
	Account number of property: <b>C7883.02.000.0004.01</b>	
	<b>OR</b>	

<b>Step 3:</b> 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	1/28	/ 10	\$ 156,806.88
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 5,459.88

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-2688-09-B**

**REFUND DUE BY: MARCH 13, 2016**

**MM**

<b>Step 4:</b> 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 <b>sign here</b>	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:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer _____ <b>sign here</b>	Date <b>3/1/16</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) _____ <b>sign here</b>	Date <b>1-29-16</b>

2-2-16



# APPLICATION FOR TAX REFUND

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

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>WEINGARTEN LAS TIENDAS JV</b>
	Present mailing address (number and street) <b>BILLBOX #01-1729-508/PO BOX 3467</b>
	City, town or post office, state, ZIP code <b>HOUSTON, TX 77253-3467</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **CONCORD PROPERTY CORP #2 SE 9.36AC OF**

<b>Step 2: Describe the property</b>	<b>LOT 4 AMENDED</b>
	Address or location of property: <b>508904</b>
	Account number of property: <b>C7883.02.000.0004.01</b>
	Tax receipt number: <b>OR 20068292</b>

<b>Step 3: 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	2011	1/25	/ 12	\$ 157,161.01
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 6,948.99

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-2688-09-B**

**REFUND DUE BY: MARCH 13, 2016**

**MM**

<b>Step 4: 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."	
	<b>sign here</b> 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.	

<b>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer <b>sign here</b>	Date <b>3/1/16</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) <b>sign here</b>	Date <b>1-29-16</b>

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE  
DATE: **2/29/16**

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>SMV EDINBURG LP PAID BY: CORELOGIC COMMERCIAL REAL ESTATE SERVICES INC</b>
	Present mailing address (number and street) <b>C/O CAMMEBY'S INTERNATIONAL</b>
	City, town or post office, state, ZIP code <b>45 BROADWAY, FL 25 NEW YORK, NY 10006</b>

Legal description (or attach copy of the tax bill or tax receipt): **COUNTRY CLUB PLACE LOTS 5-6-7-8-9 & 16' OF 10 BLK 12**

<b>Step 2: Describe the property</b>	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>	
	Address or location of property: <b>1505 S CLOSNER</b>	DATE: <b>Feb 2-25-16</b> <i>J. C. [Signature]</i>
	<b>154542</b>	
	Account number of property: <b>C8750.00.012.0005.00</b>	Tax receipt number: <b>OR 27543472</b>

<b>Step 3: 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	Amount of
				Taxes Paid	Tax Refund Requested
	1. ALL ENTITIES	2014	12-30 / 2014	\$ 33322.81	\$ 6,633.42
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 6,633.42

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-7170-14-A**

**DUE BY MARCH 20, 2016**

**JN**

<b>Step 4: 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 <b>sign here</b>	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: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized Official <b>sign here</b>	Date <b>2/29/16</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) <b>sign here</b>	Date <b>2/9/16</b>

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>SMV EDINBURG LP PAID BY: CAPITAL FUNDING, LLC d</b>
	Present mailing address (number and street) <b>C/O CAMMEBY'S INTERNATIONAL LTD</b>
	City, town or post office, state, ZIP code <b>45 BROADWAY, FL 25 NEW YORK, NY 10006</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **COUNTRY CLUB PLACELOTS 5-6-7-8-9 & N 16' OF 10 BLK 12**

<b>Step 2: Describe the property</b>	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>	
	Address or location of property: <b>1505 S CLOSNEER</b>	<b>DATE: Feb 2-25-16</b>
	<b>154542</b>	<b>J.C. 2/29/16</b>
	Account number of property: <b>C8750.00.012.0005.00 d</b>	Tax receipt number: <b>OR 29751698</b>

<b>Step 3: 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	2015	10-30	/ 2015	\$ 33315.64
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 14,455.47 d

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-7170-14-A**

**DUE BY MARCH 20, 2016**

**JN**

<b>Step 4: 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 <b>sign here</b>	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: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer <b>sign here</b>	Date <b>2/29/16</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) <b>sign here</b>	Date <b>2/9/16</b>

2-12-16

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>SMV MCALLEN RETAMA LP PAID BY: CORELOGIC COMMERCIAL REAL ESTATE SERVICES INC</b>
	Present mailing address (number and street) <b>C/O CAMMEBY'S INTERNATIONAL LTD</b>
	City, town or post office, state, ZIP code <b>45 BROADWAY, FL 25 NEW YORK, NY 10006</b>

Legal description (or attach copy of the tax bill or tax receipt): **HIDALGO CANAL CO-MC S 281.5' OF E 150' OF LOT 2 BLK NW 1/4 7 0.97 AC NET**

<b>Step 2: Describe the property</b>	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>	
	Address or location of property: <b>900 S 12<sup>TH</sup> ST</b>	DATE: <b>PK 2-25-14</b>
	<b>189442 d</b>	<b>J.C. 2/29/14</b>
	Account number of property: <b>H2550.00.007.0002.08 d</b>	Tax receipt number: <b>OR 27543472</b>

<b>Step 3: 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	12-30	/ 2014	\$ 22757.67
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 6982.53 d

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-7170-14-A**

**DUE BY MARCH 20, 2016**

**JN**

<b>Step 4: 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 <b>sign here</b>	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: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized sign here	Date <b>2/29/14</b>
	Collector(s) of taxing unit(s) for refund applications over approval is required under Section 31.11, tax code <b>Abel Paul Williford</b>	Date <b>2/11/14</b>

2-12-16

# APPLICATION FOR TAX REFUND

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

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

**Step 1: Owner's name and address**

Owner's name **SMV MCALLEN RETAMA LP PAID BY: CORELOGIC COMMERCIAL REAL ESTATE SERVICES INC**

Present mailing address (number and street)  
**C/O CAMMEBY'S INTERNATIONAL LTD**

City, town or post office, state, ZIP code  
**45 BROADWAY, FL 25 NEW YORK, NY 10006**

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **HIDALGO CANAL CO-MC S 281.5' OF E 150' OF LOT 1 BLK NW 1/4 7 0.97AC NET**

**Step 2: Describe the property**

Address or location of property: **900 S 12<sup>TH</sup> ST**

189442A

Account number of property: **H2550.00.007.0002.08** OR **30761157**

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE  
DATE: **2-25-16**  
*J. C. 2/29/16*

Tax receipt number:

**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	2015	12-30 / 2015	\$ 22641.97	\$ 11,240.83
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5. TOTAL		/	\$	\$ 11,240.83

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-7170-14-A**

**DUE BY MARCH 20, 2016**

**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 *[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

Authorized official *[Signature]* Date **2/29/16**

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) *[Signature]* Date **2/9/16**

2-12-16

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1: Owner's name and address</b>	Owner's name <input checked="" type="checkbox"/> <b>CFT DEVELOPMENT LLC PAID BY: ANDREW JIN-CHAN CHERNG/PEGGY TSIANG CHERNG/</b>
	Present mailing address (number and street) <b>C/O PANDA RESTAURANT GROUP INC <input checked="" type="checkbox"/> CHERNG FAMILY TRUST</b>
	City, town or post office, state, ZIP code <b>1683 WALNUT GROVE AVE, ROSEMEADE, CA 91770</b>

Legal description (or attach copy of the tax bill or tax receipt): **JACKSON CROSSING CENTER LOT 7**

<b>Step 2: Describe the property</b>	Address or location of property: <b>1401 E JACKSON AVE</b>
	<b>732724 <input checked="" type="checkbox"/></b>
	Account number of property: <b>J2007.00.000.0007.00 <input checked="" type="checkbox"/></b> OR Tax receipt number: <b>28605861</b>

<b>Step 3: 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	1-30	/ 2015	\$ 33052.30
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3133.98 <input checked="" type="checkbox"/>

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-8088-14-D**

**DUE BY MARCH 20, 2016**

**JN**

<b>Step 4: 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 sign here <input checked="" type="checkbox"/>	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: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer sign here <input checked="" type="checkbox"/>	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>2/25/16</b> <i>J. L. Williams</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) <i>Jabbs (Paul) Williams</i> sign here <input checked="" type="checkbox"/>	Date <b>2/26/16</b> <b>2/9/16 <input checked="" type="checkbox"/></b> <i>CRB</i>

2-12-16

# APPLICATION FOR TAX REFUND

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

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

**Step 1: Owner's name and address**

Owner's name  
**WEINGARTEN NOLANA JV PAID BY: WEINGARTEN REALTY**

Present mailing address (number and street)  
**2600 CITADEL PLAZA DR**

City, town or post office, state, ZIP code  
**HOUSTON, TX 77008**

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **ROOTH ROAD CENTER LOT 6**

**Step 2: Describe the property**

Address or location of property:  
**704040**

Account number of property: **R3860.00.000.0006.00** OR **15585445**

Tax receipt number:

**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	1/28 / 10	\$ 35,955.21	\$ 5,568.21
2.		/	\$	\$
3.		/	\$	\$
4.		/	\$	\$
5.		/	\$ TOTAL	\$ 5,568.21

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-2688-09-B**

**REFUND DUE BY: MARCH 13, 2016**

**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** [Signature]

**Date of application for tax refund**  
[Date]

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: **Feb 27 2016**  
**J.C. 2/29/16**

Authorized sign here [Signature] Date **3/1/16**

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)  
**Paul J. [Signature]** Date **1-29-16**

2-2-16

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>WEINGARTEN NOLANA JV PAID BY: WEINGARTEN REALTY</b>
	Present mailing address (number and street) <b>BILL BOX #01-730-557/PO BOX 3467</b>
	City, town or post office, state, ZIP code <b>HOUSTON, TX 77253</b>
	<b>Phone (area code and number)</b>

Legal description (or attach copy of the tax bill or tax receipt): **ROOTH ROAD CENTER LOT 6**



<b>Step 2: Describe the property</b>	Address or location of property: <b>704040</b>
	Account number of property: <b>R3860.00.000.0006.00</b>
	Tax receipt number: <b>OR 17739759</b>




<b>Step 3: 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	2010	1/25	/ 11	\$ 29,890.64
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 3,919.47 <del>k</del>

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-2688-09-B**

**REFUND DUE BY: MARCH 13, 2016**

**MM**

<b>Step 4: 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."	
	<b>sign here</b>  <b>Signature</b>	<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>Step 5: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		APPROVED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>44 2/29/16</b> <b>P.C. 2/29/16</b>
	<b>sign here</b>  <b>Authorized officer</b>	Date <b>3/1/16</b>	
	<b>sign here</b>  <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)</b>	Date <b>1-29-16</b> 	

2-2-16

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>WEINGARTEN NOLANA JV</b>
	Present mailing address (number and street) <b>BILL BOX #01-730-557/PO BOX 3467</b>
	City, town or post office, state, ZIP code <b>HOUSTON, TX 77253-3467</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **ROOTH ROAD CENTER LOT 6**

<b>Step 2:</b> Describe the property	Address or location of property: <b>704040</b>
	Account number of property: <b>R3860.00.000.0006.00</b>
	Tax receipt number: <b>20067021</b>
	<b>OR</b>

<b>Step 3:</b> 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	1/25	/ 12	\$ 29,917.19
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 3,922.96

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-2688-09-B**

**REFUND DUE BY: MARCH 13, 2016**

**MM**

<b>Step 4:</b> 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 <b>sign here</b>	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:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer <b>sign here</b>	Date <b>3/1/16</b>
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 51.11, tax code) <b>sign here</b>	Date <b>1-29-16</b>

AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE  
DATE: **1/29/16**

2-2-16

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>WEINGARTEN NOLANA JV PAID BY: WEINGARTEN REALTY</b>
	Present mailing address (number and street) <b>2600 CITADEL PLAZA DR</b>
	City, town or post office, state, ZIP code <b>HOUSTON, TX 77008</b>
	<b>Phone (area code and number)</b>

Legal description (or attach copy of the tax bill or tax receipt): **ROOTH ROAD CENTER LOT 9**



<b>Step 2:</b> Describe the property	Address or location of property:
	<b>704043</b>
	Account number of property: <span style="float: right;">Tax receipt number:</span>
	<b>R3860.00.000.0009.00</b> <span style="margin-left: 100px;">OR</span> <b>15585445</b>




<b>Step 3:</b> 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	1/28	/ 10	\$ 26,644.32
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 2,841.16 <i>g</i>

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-2688-09-B**

**REFUND DUE BY: MARCH 13, 2016**

**MM**

<b>Step 4:</b> 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."	
	<b>sign here</b>  <b>Signature</b>	<b>Date of application for tax refund</b> 
	<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:</b> 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>Jan 21 2016</u> <i>D.C. 2/24/16</i>
	<b>sign here</b>  <b>Authorized officer</b>	Date <b>3/1/16</b>
	<b>sign here</b>  <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)</b>	Date <b>1-29-16</b> 

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>WEINGARTEN NOLANA JV</b> ↑
	Present mailing address (number and street) <b>BILL BOX #01-730-557/PO BOX 3467</b>
	City, town or post office, state, ZIP code <b>HOUSTON, TX 77253-3467</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **ROOTH ROAD CENTER LOT 9**

<b>Step 2:</b> Describe the property	Address or location of property:
	<b>704043</b> ↑
	Account number of property: <b>R3860.00.000.0009.00</b> †
	Tax receipt number: <b>OR 17739759</b>

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	1/25	/ 11	\$ 23,401.45
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 3,065.81 <i>P</i>

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-2688-09-B** ↑

**REFUND DUE BY: MARCH 13, 2016**

**MM**

<b>Step 4:</b> 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."	
	<b>sign here</b> ↑ <b>Signature</b>	<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>Step 5:</b> 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>2/29/16</i>
	<b>sign here</b> ↑ <b>Authorized Signature</b>		Date <b>3/1/16</b>
	<b>sign here</b> ↑ <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)</b>	<i>Paul Sullard</i>	Date <b>1-29-16</b>

*2-2-16*

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>WEINGARTEN NOLANA JVD</b>	<b>Phone (area code and number)</b>
	Present mailing address (number and street) <b>BILL BOX #01-730-557/PO BOX 3467</b>	
	City, town or post office, state, ZIP code <b>HOUSTON, TX 77253-3467</b>	

Legal description (or attach copy of the tax bill or tax receipt): **ROOTH ROAD CENTER LOT 9**

<b>Step 2:</b> Describe the property	Address or location of property:	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <b>Feb 2-25-16</b>  Tax receipt number:
	<b>704043 d</b>	
	Account number of property:	
	<b>R3860.00.000.0009.00d</b> OR <b>20067021</b>	

<b>Step 3:</b> 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	1/25	/ 12	\$ 23,422.24
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 3,068.53 d

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-2688-09-B**

**REFUND DUE BY: MARCH 13, 2016**

**MM**

<b>Step 4:</b> 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."	
	<b>sign here</b>	<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>Step 5:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	<b>sign here</b>	Date <b>2/29/16</b>
	<b>sign here</b>	Date <b>1-29-16</b>

2-2-16

# APPLICATION FOR TAX REFUND

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

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

Step 1: Owner's name and address	Owner's name <b>WEINGARTEN SHARY SOUTH JV<sup>d</sup> PAID BY: WEINGARTEN LAS TIENDAS JV</b> <i>shary south</i>
	Present mailing address (number and street) <b>BILLBOX#01-3704-704 PO BOX 924133</b>
	City, town or post office, state, ZIP code <b>HOUSTON, TX 77292</b>

Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SHARYLAND PLACE (REPLAT) LOT 5B**


Step 2: Describe the property	Address or location of property: <b>E FRONTAGE RD</b>		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: <i>RE 2-25-16</i> <i>J. C. 2/24/16</i> Tax receipt number:
	<b>722797 d</b>		
	Account number of property: <b>S3003.00.000.005B.00 d</b>		
	<b>OR 31094077</b>		

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	2015	1-21	/ 2016	\$ 74513.38
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 11,180.58 <sup>d</sup>

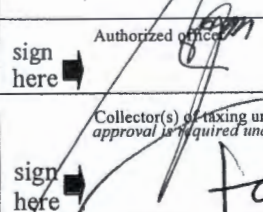
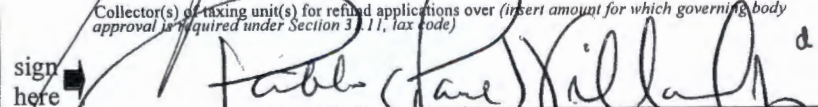
Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-4166-15-E**

**DUE BY MARCH 16, 2016**

**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 <b>sign here</b> 	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 <b>sign here</b> 	Date <b>2/29/16</b>
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 3.11, tax code) <b>sign here</b> 	Date <b>2/9/16</b> <i>CR</i>

2-12-16

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>SMV MCALLEN LAS PALMAS LP PAID BY: CORELOGIC COMMERCIAL REAL ESTATE SERVICES INC</b>
	Present mailing address (number and street) <b>C/O CAMMEBY'S INTERNATIONAL LTD</b>
	City, town or post office, state, ZIP code <b>45 BROADWAY, FL 25 NEW YORK, NY 10006</b>
	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SOUTH TEXAS MEDICAL PARK LOTS 10 THRU 12**

<b>Step 2:</b> Describe the property	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE	
	Address or location of property: <b>1301 E QUEBEC AVE</b>	DATE: <b>Re 2-25-16</b>
	<b>287816</b>	<b>J. C 2/29/16</b>
	Account number of property: <b>S4764.00.000.0010.00</b>	Tax receipt number: <b>OR 27543472</b>

<b>Step 3:</b> 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	2014	12-30	/ 2014	\$ 86,730.11
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 17,224.25

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-7170-14-A**

**DUE BY MARCH 20, 2016**

**JN**

<b>Step 4:</b> 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
	<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:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized Officer sign here	Date <b>2/29/16</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 sign here	Date <b>2/9/16</b>

2-12-16

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>PLAINS CAPITAL BANK ✗</b>
	Present mailing address (number and street) <b>PO BOX 810</b>
	City, town or post office, state, ZIP code <b>EDINBURG, TX 78540-0810</b>

**Phone (area code and number)**

Legal description (or attach copy of the tax bill or tax receipt): **VALENCIA MARKETPLACE LOT 6 BLK 1**



<b>Step 2: Describe the property</b>	Address or location of property: <b>819143 ✗</b>
	Account number of property: <b>V0535.00.001.0006.00 ✗</b>
	Tax receipt number: <b>OR 28945457</b>



<b>Step 3: 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	3/11 / 15	\$ 70,719.86
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5.			/	\$ TOTAL	\$ 6,425.20 ✗

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-7249-14-B**

**REFUND DUE BY: MARCH 21, 2016**

**MM**

<b>Step 4: 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."	
	<b>sign here</b>  <b>Signature</b>	<b>Date of application for tax refund</b> 
	<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: 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 DATE: <b>2/25/16</b> <i>[Signature]</i>
	<b>sign here</b>  <b>Authorized Officer</b>	Date <b>2/26/16</b>
	<b>sign here</b>  <b>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</b>	Date <b>1-29-16 ✗</b> <i>[Signature]</i>

2-2-16

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1: Owner's name and address</b>	Owner's name <b>SMV WESLACO L.P. PAID BY: CORELOGIC COMMERCIAL REAL ESTATE SERVICES INC</b>	
	Present mailing address (number and street) <b>C/O CAMMEBY'S INTERNATIONAL LTD</b>	
	City, town or post office, state, ZIP code <b>45 BROADWAY, FL 25 NEW YORK, NY 10006</b>	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **WEST TRACT S300'-N1247.70' FT 701 2.27AC GR 2.06AC NET**


<b>Step 2: Describe the property</b>	<b>AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE</b>	
	DATE: <b>2-25-16</b> <i>J. 2/29/16</i>	
	Address or location of property: <b>721 S AIRPORT DR</b>	
	326724 <i>d</i>	
Account number of property: <b>W3800.00.701.0000.16 d</b>		Tax receipt number: <b>OR 27543472</b>

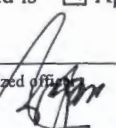
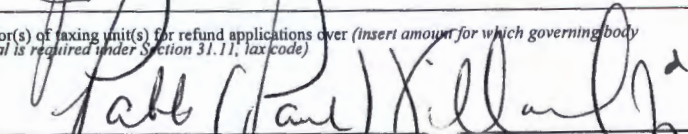
<b>Step 3: Give the tax payment information</b>	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2014	12-30	/ 2014	\$ 26,717.50
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 3,185.32 <i>d</i>

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-7170-14-A**

**DUE BY MARCH 20, 2016**

**JN**

<b>Step 4: 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 <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: Tax refund Determination</b>	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized official <b>sign here</b> 	Date <b>2/29/16</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) <b>sign here</b> 	Date <b>2/9/16</b> <i>CAR</i>

2-12-16

# APPLICATION FOR TAX REFUND

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

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

<b>Step 1:</b> Owner's name and address	Owner's name <b>SMV WESLACO L.P.</b> <i>PAID BY: CAPITAL FUNDING LLC</i>
	Present mailing address (number and street) <b>C/O CAMMEBY'S INTERNATIONAL LTD</b>
	City, town or post office, state, ZIP code <b>45 BROADWAY, FL 25 NEW YORK, NY 10006</b>

Legal description (or attach copy of the tax bill or tax receipt): **WEST TRACT S300;-N1247.70'-W330' FT 701 2.27AC GR 2.06AC NET**

<b>Step 2:</b> Describe the property	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE	
	Address or location of property: <b>721 S AIRPORT DR</b>	DATE: <i>2-25-16</i>
	<b>326724</b>	<i>J C 2/29/16</i>
	Account number of property: <b>W3800.00.701.0000.16</b>	Tax receipt number: <b>OR 30756351</b>

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	2015	12-30	/ 2015	\$ 26711.65
2.			/	\$	\$
3.			/	\$	\$
4.			/	\$	\$
5. TOTAL			/	\$	\$ 6467.47 <i>d</i>

Taxpayer's reason for refund (attach supporting documentation): **COURT ORDER #C-7170-14-A**

**DUE BY MARCH 20, 2016**

**JN**

<b>Step 4:</b> 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 <b>sign here</b>	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:</b> Tax refund Determination	This tax refund is <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
	Authorized officer <b>sign here</b>	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) <b>sign here</b>	Date

*Paul G. Kelly* **2/9/16** *GP*