



PABLO (PAUL) VILLARREAL JR., PCC  
 Hidalgo County Tax Assessor - Collector  
 PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733

Print Date: 12/16/2015

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 7-1-16  
J.C. 7/1/16

CORELOGIC <sup>d</sup>  
 1 CORELOGIC DR  
 WESTERN REGION SERVICE CENTER - DFW 4-5  
 WESTLAKE, TX 76262

Account Number  
 B4050-00-000-0019-00 <sup>d</sup>  
 HCAD No. 127338 <sup>d</sup>

Legal Description of the Property  
 BRENTWOOD ESTATES LOT 19  
 1408 DRIFTWOOD DR

OWNER: ISASI JUAN C. & RAQUEL <sup>d</sup>

2015 OVERAGE AMOUNT \$3,650.00 <sup>d</sup>

1: HIDALGO COUNTY, 2 DRAINAGE DIST #1, 32 CITY OF MISSION, 51 SHARYLAND ISD, 54 SOUTH TEXAS ISD, 55 SOUTH TEXAS COLLEGE

Loan #: 0243342359

APPLICATION FOR PROPERTY TAX REFUND

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name	Relationship to Property Owner
	Mailing Address	Daytime Telephone Number <u>585-321-6711</u>
	City, State, Zip Code	Email Address: <u>Drpeters@corelogic.com</u>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2015</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00.	Total amount paid by this taxpayer <u>Paid by SunTrust \$557,791/214,58</u>	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed <u>3,650.00</u>	
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1 <u>CoreLogic</u>	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <u>[Signature]</u>	Date of application <u>6/16/16</u>
AUDITORS USE ONLY:	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	
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	Denied By <u>[Signature]</u> Date: <u>7/6/16</u>
This application must be completed, signed, and submitted with supporting documentation to be valid.	<input checked="" type="checkbox"/> Approved	Denied By <u>Paul Villarreal</u> Date: <u>6/23/16</u> <sup>d</sup> <u>car</u>

6/24/16



**PABLO (PAUL) VILLARREAL JR., PCC**  
**Hidalgo County Tax Assessor - Collector**  
 PO BOX 178 EDINBURG, TX 78540-0178

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 04/05/2016

**AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE**  
 DATE: 6-21-16  
*J. C. C. Botte*

Account Number C4440-02-010-0003-00 <i>d</i> HCAD No. 135541 <i>a</i>
Legal Description of the Property CIMARRON COUNTRY CLUB SECTN 2 PHASE I SECTION II LOT 3 BLK 10  104 RIO GRANDE AVE  OWNER: DOMENE DOLORES S <i>d</i>

**LUIS SOTTIL STUDIOS USA INC *d***  
 104 RIO GRANDE DR  
 MISSION, TX 78572

**2015 OVERAGE AMOUNT \$2,630.91 *a***

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 32: CITY OF MISSION, 51: SHARYLAND ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: \_\_\_\_\_

**APPLICATION FOR PROPERTY TAX REFUND**

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name <i>Luis Sottill</i>	Relationship to Property Owner <i>Brother</i>
	Mailing Address <i>104 Rio Grande</i>	Daytime Telephone Number <i>214 392 3308</i>
	City, State, Zip Code <i>Mission, Tx 78572</i>	Email Address: <i>Merrittbriand9@gmail.com</i>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2015</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed <i>\$ 2630.91</i>	
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>Luis Sottill <i>d</i></i>	Date of application <i>5/27/2016</i>
	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	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>7/6/16</i>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <i>6-2-16</i> <i>CR</i>

This application must be completed, signed, and submitted with supporting documentation to be valid.



**PABLO (PAUL) VILLARREAL JR., PCC**  
**Hidalgo County Tax Assessor - Collector**  
 PO BOX 178 EDINBURG, TX 78540-0178

Phone No.: (956) 318-2157  
 Fax No.: 956-318-2733

Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 06/03/2016

**AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE**  
 DATE: 7-1-16  
*J. C. Tillie*

**HUNTER-KELSEY II LLC**  
**3432 GREYSTONE DRIVE SUITE 100**  
**TAX LIEN TRANSFER**  
**AUSTIN, TX 78731**

Account Number J5370-00-000-0001-00 HCAD No. 450381
Legal Description of the Property JO-LENE ADDITION LOT 1 909 S AIRPORT DR OWNER: AIRPORT INVESTMENTS LLC
<b>2015 OVERAGE AMOUNT \$2,654.60</b>

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 40: CITY OF WESLACO, 53: WESLACO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: \_\_\_\_\_

**APPLICATION FOR PROPERTY TAX REFUND**

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name	<u>Hunter Kelsay II, LLC</u>	Relationship to Property Owner	<u>Lienholder</u>
	Mailing Address	<u>3432 Greystone #100</u>	Daytime Telephone Number	<u>512-672-7117</u>
	City, State, Zip Code	<u>Austin, Tx 78731</u>	Email Address:	<u>Kathy@hunterkelsay.com</u>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2015</u> and am the party entitled to the refund.			
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/>	Overpaid the account		
	<input type="checkbox"/>	Duplicate payment		
	<input type="checkbox"/>	Paid in error (explain)		
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	<u>22,146.38</u>		
	Total tax, penalty, and interest amount owed for the year	<u>19,491.78</u>		
	Amount of refund claimed	<u>2654.60</u>		
Step 5: How should the refund be processed?	<input type="checkbox"/>	Mail to Property Owner		
	<input checked="" type="checkbox"/>	Mail to Payer at address in Step 1		
	<input type="checkbox"/>	Transfer this amount to account	For tax year	
	<input type="checkbox"/>	Escrow for next year 's taxes		
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct			
	SIGN HERE	<u>Kathy Willey</u>	Date of application	<u>6/17/2016</u>
	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			
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u>	Date: <u>7/6/16</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: <u>[Signature]</u>	Date: <u>6/23/16</u>

This application must be completed, signed, and submitted with supporting documentation to be valid.



**PABLO (PAUL) VILLARREAL JR., PCC**  
**Hidalgo County Tax Assessor - Collector**  
 PO BOX 178 EDINBURG, TX 78540-0178

MAY 24 2016

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

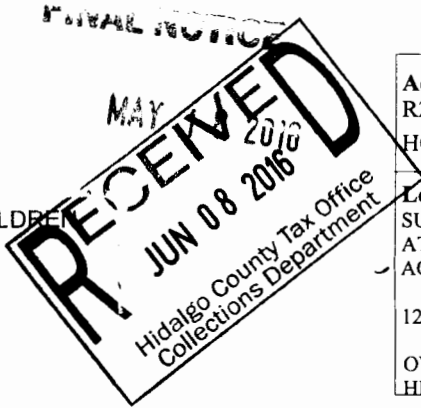
Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Print Date: 03/14/2016

AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE  
 DATE: 6/7/16

*J. C. Stutte*

SOUTH TEXAS WOMEN'S & CHILDREN  
 HEALTH CENTER  
 1200 E. SAVANNAH STE 14  
 MCALLEN, TX 78503



Account Number R2663-99-000-0014-01 HCAD No. 652177
Legal Description of the Property SUPPLIES FURNITURE FIXTURES & EQUIPMENT AT 1200 EAST SAVANNAH SUITE 14 /NEW ACCT 2003  1200 E SAVANNAH STE-14 78503  OWNER: SOUTH TEXAS WOMEN'S/CHILDREN'S HEALTH CT

2015 OVERAGE AMOUNT \$4,073.51

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 43: PHARR,SAN JUAN,ALAMO ISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: \_\_\_\_\_

**APPLICATION FOR PROPERTY TAX REFUND**

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name <u>South Texas Women's children</u>	Relationship to Property Owner
	Mailing Address <u>1200 E. Savannah ste 14</u>	Daytime Telephone Number <u>956-627-6121</u>
	City, State, Zip Code <u>McAllen, TX 78503</u>	Email Address: <u>stutche@yahoo.com</u>
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year _____ and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer	
	Total tax, penalty, and interest amount owed for the year	
	Amount of refund claimed	
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input checked="" type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>[Signature]</i>	Date of application <u>5.31.16</u>
	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	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>6/7/16</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>6/10/16</u>

This application must be completed, signed, and submitted with supporting documentation to be valid.



**PABLO (PAUL) VILLARREAL JR., PCC**  
**Hidalgo County Tax Assessor - Collector**

PO BOX 178 EDINBURG, TX 78540-0178 Email Address: REFUNDS.TAX@HIDALGOCOUNTYTAX.ORG

Phone No.: (956) 318-2157

Fax No.: 956-318-2733

Print Date: 05/17/2016

**AUDITED BY: THE HIDALGO  
 COUNTY AUDITOR'S OFFICE**  
 DATE: 6/7/16  
*L. C. Tuttle*

**CITI FINANCIAL**  
 1060 E HARRIMAN C6 15CA03176  
 SAN BERNARDINO, CA 92408

Account Number S0174-00-000-0001-00 HCAD No. 706784
Legal Description of the Property SALVA TIERRA LOT 1 406 S MONMACK RD OWNER: CARILLO JOSE GUADALUPE & NELDA

**2015 OVERAGE AMOUNT \$3,500.01**

1: HIDALGO COUNTY, 2: DRAINAGE DIST #1, 22: CITY OF EDINBURG, 41: EDINBURG CISD, 54: SOUTH TEXAS ISD, 55: SOUTH TEXAS COLLEGE

Loan #: 202444

**APPLICATION FOR PROPERTY TAX REFUND**

If you paid the taxes on this account and believe you are entitled to a refund, please complete this application, sign it, and return it with proof of payment. Applications must be submitted within three years of the date of payment or you waive the right to the refund per Section 31.11c of Texas Property Tax Code. Governing body approval is required for refunds in excess of \$500. Please allow 60 days for processing. Notarized Affidavit required on refunds over \$500.00

Step 1: Identify the Payer requesting the refund if different than shown above	Name <b>Citi Financial</b> 1060 Harriman Pl. C6 San Bernardino, CA 92408	Relationship to Property Owner <i>Mostly Company</i>
	Mailing Address San Bernardino, CA 92408	Daytime Telephone Number <i>909 978 7829</i>
	City, State, Zip Code	Email Address:
Step 2: Refunds are only issued to party that paid taxes. Affirm that you are the payer.	I paid the taxes for year <u>2015</u> and am the party entitled to the refund.	
Step 3: Mark the reason for the refund and provide a brief explanation	<input checked="" type="checkbox"/> Overpaid the account	
	<input type="checkbox"/> Duplicate payment	
	<input type="checkbox"/> Paid in error (explain)	
Step 4: Provide payment information Attach copies of cancelled checks only if refund is over \$500.00	Total amount paid by this taxpayer <u>5592.06</u>	
	Total tax, penalty, and interest amount owed for the year <u>0</u>	
	Amount of refund claimed <u>3500.01</u>	
Step 5: How should the refund be processed?	<input type="checkbox"/> Mail to Property Owner	
	<input type="checkbox"/> Mail to Payer at address in Step 1	
	<input type="checkbox"/> Transfer this amount to account	For tax year
	<input type="checkbox"/> Escrow for next year's taxes	
Step 6: Sign the application form. Unsigned applications will not be processed. Please allow 60 days from the time this application is returned to the tax office for the refund to be processed	By completing and signing this form I hereby apply for the refund of the above described taxes and certify that the information I have given on this form is true and correct	
	SIGN HERE <i>[Signature]</i>	Date of application <u>6-07-16</u>
	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	
AUDITORS USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>7/6/16</u>
TAX OFFICE USE ONLY:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	By: <i>[Signature]</i> Date: <u>6/10/16</u>

This application must be completed, signed, and submitted with supporting documentation to be valid.