

COUNTY of HIDALGO



EDINBURG, TEXAS 78539

HIDALGO COUNTY AUDITOR'S OFFICE
Hidalgo County Administration Building
2808 South Business Highway 281
Edinburg, Texas 78539-6243
PHONE: (956) 318-2511
FAX: (956) 318-2577
WEBSITE: www.co.hidalgo.tx.us/auditor

October 19, 2021

The Honorable Richard Cortez, Hidalgo County Judge
The Honorable David Fuentes, Commissioner, Precinct No. 1
The Honorable Eduardo "Eddie" Cantu, Commissioner, Precinct No. 2
The Honorable Everardo "Ever" Villarreal, Commissioner, Precinct No. 3
The Honorable Ellie Torres, Commissioner, Precinct No. 4

RE: Certification of Revenue

Dear Judge and Commissioners:

Pursuant to Local Government Code § 111.07075 SPECIAL BUDGET FOR REVENUE RECEIVED AFTER START OF FISCAL YEAR.

The county auditor shall certify to the commissioners court the receipt of revenue from a new source not anticipated before the adoption of the budget and not included in the budget for that fiscal year. On certification, the court may adopt a special budget for the limited purpose of spending the revenue for general purposes or for any of its intended purposes.

I, Maria A. Duran, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the revenue received from insurance settlement proceeds in the amount of \$11,166.81. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

CERTIFIED BY:

Maria A. Duran
Maria Arcilia Duran, CPA
Hidalgo County Auditor

10/18/2021
Date

HIDALGO COUNTY DISTRICT JUDGES

- LUIS M. SINGLETERRY
JUDGE, 92ND D.C.
- FERNANDO MANCIAS
JUDGE, 97TH D.C.
- J. R. "BOBBY" FLORES
JUDGE, 138TH D.C.
- ROSE GUERRA REYNA
JUDGE, 206TH D.C.
- MARLA CUELLAR
JUDGE, 275TH D.C.
- MARIO E. RAMIREZ, JR.
JUDGE, 332ND D.C.
- ROE GONZALEZ
JUDGE, 370TH D.C.
OVERSEER
- LETICIA LOPEZ
JUDGE, 389TH D.C.
- L. KENO VASQUEZ
JUDGE, 398TH D.C.
- ISRAEL RAMON, JR.
JUDGE, 430TH D.C.
- RENEE R. BETANCOURT
JUDGE, 448TH D.C.
- JOSE "JOE" RAMIREZ
JUDGE, 464TH D.C.



Deborah Fischer <deborah.fischer@auditor.co.hidalgo.tx.us>

Fwd: Certification of Revenue Request Pct. Constable 3

1 message

Mon, Oct 18, 2021 at 2:19 PM

Martin Martinez <martin.martinez@co.hidalgo.tx.us>
To: Arcy Duran <arcy.duran@auditor.co.hidalgo.tx.us>
Cc: "Fong, Linda" <linda.fong@auditor.co.hidalgo.tx.us>, Deborah Fischer <deborah.fischer@auditor.co.hidalgo.tx.us>

Good afternoon Ms.Duran

I would like to request a Certification of Revenue for Constable Pct No.3 for agenda item #82842. I did not realize you or the others were not CC'd in the email sent before this and I do apologize. If you have any questions please feel free to contact me at any time.

Thank you

----- Forwarded message -----

From: Martin Martinez <martin.martinez@co.hidalgo.tx.us>
Date: Wed, Oct 13, 2021 at 1:29 PM
Subject: Certification of Revenue Request Pct. Constable 3
To: gonzalez, nereyda <nereyda.gonzalez@auditor.co.hidalgo.tx.us>

Good afternoon Ms.Gonzalez

I would like to request a Certification of Revenue for Constable Pct No.3 for agenda item #82842.

Prior approval of Agenda AI: 82224 Commissioner's Court on 09/7/2021. Please see attachments for your review and approval. I am currently pending the receipt but have made the request and will send it to you as soon as I receive it. If you require any additional information please let me know.

Thank you

Martin Martinez

956-292-7025
Ext-5411
martin.martinez@co.hidalgo.tx.us
Planning Analyst II
Budget & Management Dept



Martin Martinez

956-292-7025
Ext-5411
martin.martinez@co.hidalgo.tx.us
Planning Analyst II
Budget & Management Dept



4 attachments

- AI-824842.xlsx
125K
- agMemo_82842.pdf
84K
- 82224_20210831140746203.pdf

DATE: October 13, 2021

2021

Appropriation

DEPARTMENT HEAD: Sergio Cruz, Budget Officer



DEPARTMENT NAME: Department of Budget & Management for Const Pct 3

ACCOUNT NUMBER: 1-1100-421-00-292-001-0-XXX

Contact Person: Martin Martinez Ph#: (956) 292-7025 ext. 5411

SUBJECT: **Budget Amendments** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

INCREASE ACCOUNT NUMBER(S)		ACCOUNT (OBJECT) NAME	AMOUNT
1-1100-421-00-293-001-0-	430	CONST PCT3- REPAIR & MAINT SRV	11,166.81
1-1100-360-00-000-005-0-	000	Gen Fund-Misc-Rev- Insurance Claims	11,166.81
TOTAL BUDGET INCREASE (DECREASE)			11,166.81

REASON:

Appropriation of funds to fund repairs for vehicle These revenues are proceeds from an insurance settlement (AI- 82224 Commissioner's Court on 9/7/2021) for an accident that occurred.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

 / /
DATE

ATTEST COUNTY CLERK

AI-82842

Budget and Management 12. C.

CC CONSENT AGENDA SPECIAL MTG

Meeting Date: 10/19/2021

Submitted For: Damaris San Miguel, BUDGET & MANAGEMENT

Submitted By: Martin Martinez, BUDGET & MANAGEMENT

Department: BUDGET & MANAGEMENT

Information

CAPTION

Const Pct 3 (1100): Requesting approval of the Certification of Revenues by the County Auditor in the amount of \$11,166.81 from Constable Precinct No. 3 to fund loss auto accident claim with County vehicle and appropriation of the same.

BACKGROUND

Prior approval 9/7/2021 AI: 82224 to accept settlement agreement offer from Fred Loya Insurance Company in the amount of \$11,166.81 to settle total.

Fiscal Impact

CALENDAR YEAR: 2021

ACCT. #: 1-1100-421-00-293-001-0-430

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funds available as of 10/14/2021.

Attachments

Appropriation

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	10/13/2021 02:15 PM
Final Approval	Monica Salinas	10/15/2021 02:48 PM
Form Started By: Martin Martinez		Started On: 10/08/2021 09:35 AM
Final Approval Date: 10/15/2021		

AI-82224

Executive Office 24. C.

**CC REGULAR AGENDA SPECIAL
MTG**

Other

Meeting Date: 09/07/2021

Submitted For: Armando Guzman, SAFETY DIVISION

Submitted By: Aida Alvarez, SAFETY DIVISION

Department: SAFETY DIVISION

Information

CAPTION

- 1) Approval to accept settlement agreement offer from Fred Loya Insurance Company in the amount of \$11,166.81 to settle total loss auto accident claim with County vehicle. (Constable P3)
- 2) Approval to authorize Valde Guerra, County Executive Officer, to sign the Power of Attorney forms for title purposes to settle total loss auto accident claim with Fred Loya Insurance Company.

BACKGROUND

DOI: 07/03/21

Acct #: 1-1100-360-00-000-005-0-000

Fiscal Impact

Attachments

Fred Loya Insurance Company Settlement Agreement Offer

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	08/31/2021 02:42 PM
Final Approval	Monica Salinas	09/03/2021 06:59 PM
Form Started By: Aida Alvarez		Started On: 08/31/2021 02:04 PM
Final Approval Date: 09/03/2021		

LOYA INSURANCE COMPANY

HOME OFFICE P.O. Box 972450 El Paso, TX 79997
TEL: (915) 590-5692 (800) 880-0472

August 25, 2021

65 / 479414808
HIDALGO COUNTY OF TEXAS
9805 n 10th st
MCALLEN , TX 78504

RE: Policyholder : DORA LOPEZ MAYFIELD
Claim Number : 65 - 147960
Date of Loss : 7/3/2021
Claimant : RAQUEL RAMOS
Cause of Loss : Collision

Dear HIDALGO COUNTY OF TEXAS:

Please be advised that your vehicle has been deemed a total loss. We have completed a market survey and after careful review have determined your vehicle's Actual Cash Value (ACV). Attached is a copy of the valuation report. Following is a summary of our claim settlement to you:

1) To transfer ownership and possession of the vehicle to LOYA INSURANCE COMPANY.

We pick up the vehicle:	\$ 10,477.00	ACV
	\$ 654.81	(+) Tax
	\$ 35.00	(+) Title Fee
	<hr/>	
	\$ 11,166.81	(=) Subtotal
	\$ 0.00	(-) Deductible
	\$ 0.00	(-) Loss Mitigation
	-\$ 0.00	(-) Prior Checks Issued
	<hr/>	
	\$ 11,166.81	(=) Subtotal
	\$ 0.00	(-) Comp Neg.
	<hr/>	
	\$ 11,166.81	(=) Total Title Release
	\$ 0.00	(-) Payout to Lienholder
	<hr/>	
	\$ 11,166.81	(=) Payout to vehicle owner

If we pick up your vehicle, the enclosed **Power of Attorney / Odometer** form needs to be signed and returned to our office. **Please make sure that all persons listed on the title or loan sign the Power of Attorney / Odometer forms exactly as they appear on the title.** These forms allow us to obtain a salvage title on the vehicle. If the forms are not signed or filled in correctly, the settlement of the claim will be delayed.

The settlement check will be released once all of the total loss paperwork has been received. Should you have any questions, please feel free to contact me at 210-257-4573.

Sincerely,

Samantha St John

Claim Representative

Office Hours: Mon. – Fri. 9:00AM to 6:00PM CST

ENCLOSURES: CCC Valuation and Estimate
POA Instructions
POA Forms

State of Texas

Power of Attorney for Transfer of Ownership to a Motor Vehicle

Federal and state law require that you state the mileage upon transfer of ownership. Providing a false statement or failure of the person granted the power of attorney to submit this form to the State may result in fines and/or imprisonment. Use of this form is restricted.

Vehicle Description

Vehicle Identification Number 1FTEX1C81AKE03290	Year 2010	Make FORD	Body Style	Model F-150
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Part A. Power of Attorney to Transfer Ownership and to Disclose Mileage

Transferor	First Name (or Entity Name)	Middle Name	Last Name	Suffix (if any)
	Entity's Authorized Agent First Name (if applicable)	Middle Name	Last Name	Suffix (if any)
	Address	City	State	Zip
Transferee	First Name (or Entity Name)	Middle Name	Last Name	Suffix (if any)
	Entity's Authorized Agent Name (First, Middle, Last, Suffix) (if applicable)			Dealer License Number (if applicable)
	Address	City	State	Zip

I, the transferor listed above, appoint the transferee listed above as my attorney-in-fact, to complete all documents necessary to transfer and disclose the mileage on the title for the vehicle described above exactly as stated in the following disclosure. I, the transferor, certify to the best of my knowledge the odometer reading is the actual mileage of the vehicle unless one of the statements below is checked:

Odometer Reading (no tenths) Mileage Exceeds Mechanical Limits
 Not Actual Mileage (WARNING - ODOMETER DISCREPANCY)



I am aware of the odometer certification made by the transferor/agent (seller).

Signature of Transferor/Agent (Seller)	Date	Signature of Transferee/Agent (Purchaser)	Date
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Part B. Power of Attorney to Review Title Documents and Acknowledge Disclosure – if applicable (requires Part A)

Transferee	First Name (or Entity Name)	Middle Name	Last Name	Suffix (if any)
	Entity's Authorized Agent First Name (if applicable)	Middle Name	Last Name	Suffix (if any)
	Address	City	State	Zip
Transferor	Dealership Name			Dealer License Number
	Authorized Agent First Name	Middle Name	Last Name	Suffix (if any)
	Address	City	State	Zip

I, the transferee listed above, appoint the transferor listed above as my attorney-in-fact, to complete all documents necessary to transfer and disclose the mileage on the title for the vehicle described above exactly as stated in the following disclosure. I, the transferor, certify to the best of my knowledge the odometer reading is the actual mileage of the vehicle unless one of the statements below is checked:

Odometer Reading (no tenths) Mileage Exceeds Mechanical Limits
 Not Actual Mileage (WARNING - ODOMETER DISCREPANCY)

I am aware of the odometer certification made by the transferor/agent (seller).

Signature of Transferor/Agent (Seller)	Date	Signature of Transferee/Agent (Purchaser)	Date
--	------	---	------

Part C. Dealership Certification (Part B Transferor) – Required and valid only if Parts A and B are used

Dealership Name	Dealer License Number		
Authorized Agent First Name	Middle Name	Last Name	Suffix (if any)
Address	City	State	Zip

I, the individual listed above exercising powers of attorney, hereby certify that the mileage I have disclosed on the title is consistent with the mileage provided to me in this power of attorney. Further, upon examination of the title and any reassignment documents for the vehicle described above, the mileage disclosure I have made on the title pursuant to the power of attorney is greater than that previously stated on the title and reassignment documents. This certification is not intended to create, nor does it create, any new or additional liability under federal or state law.

Signature of Transferor/Agent	Printed Name (Same as signature)	Date
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Affidavit of Error

Date: _____

TO WHOM IT MY CONCERN:

The strikeover on the assignment of the attached Manufacturer's Statement of Origin or Certificate of Title for the following described vehicle:

2010, F-150, FORD, 1FTEX1C81AKE03290
(Year, Model, Make of Vehicle, and Vehicle Identification Number)

was made for the following reason(s):

- | | |
|--|---|
| <input type="checkbox"/> Typographical Error | <input type="checkbox"/> Seller made strikeover in purchaser's name |
| <input type="checkbox"/> Customer changed mind | <input type="checkbox"/> Assignment placed in Dealer Assignment in error |
| <input type="checkbox"/> Seller signed in his/her name incorrectly | <input type="checkbox"/> Notary Public placed signature in wrong space |
| <input type="checkbox"/> Seller assigned title to him/herself | <input type="checkbox"/> Purchaser's name misspelled |
| <input type="checkbox"/> Seller assigned title to wrong party | <input type="checkbox"/> The name shown on the front of the title
_____ and the Seller's
name _____ are one in
the same. |

Other: _____



X _____
Signature

Date

Note: Any person who knowingly presents a false or fraudulent claim for a payment of a loss is guilty of a crime and may be subjected to fines and confinement in state prison.