## CITY OF EL PASO, TEXAS AGENDA ITEM DEPARTMENT HEAD'S SUMMARY FORM

**DEPARTMENT:** 

**Tax Department** 

**AGENDA DATE:** 

March 6, 2018

CONTACT PERSON NAME AND PHONE NUMBER: Maria Pasillas, Tax Assessor Collector, 212-1737

DISTRICT(S) AFFECTED: All

#### **SUBJECT:**

APPROVE a resolution / ordinance / lease to do what? OR AUTHORIZE the City Manager to do what? Be descriptive of what we want Council to approve. Include \$ amount if applicable.

Approve property tax overpayment refunds.

#### **BACKGROUND / DISCUSSION:**

Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action? What are the citizen concerns?

This action would allow us to comply with state law which requires approval by the legislative body, of refunds of tax overpayments, greater than \$2,500.00.

#### PRIOR COUNCIL ACTION:

Has the Council previously considered this item or a closely related one?

Council has considered this previously on a routine basis.

#### AMOUNT AND SOURCE OF FUNDING:

How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

N/A		
BOARD / COMMISSION ACTION: Enter appropriate comments or N/A		
N/A		

**DEPARTMENT HEAD:** 

(If Department Head Summary Form is initiated by Purchasing, client department should sign also)

Information copy to appropriate Deputy City Manager

### TAX REFUNDS March 6, 2018

 Villa Ciento Apartments – Monterrey Asset Management, in the amount of \$9,956.78, made an overpayment on January 30, 2018 of 2017 taxes. (Geo. #X58199920902301)

2. Wells Fargo Home Mortgage, in the amount of \$2500.00, made an overpayment on December 26, 2017 of 2017 taxes.

(Geo. #A52099903205700)

3. Angel Beltran Jr. and or Rosalia S. Berltran, in the amount of \$16,085.15, made an overpayment on January 10, 2018 of 2017 taxes.

(Geo. #B36099900100300)

- 4. Custodial Acct. for Alicia G. Moreno/Aida L. Moreno Brown Rep. Payee, in the amount of \$2,527.72, made an overpayment on January 29, 2018 of 2017 taxes. (Geo. #G56999912003700)
- 5. Ricardo Marquez, in the amount of \$6,096.78, made an overpayment on January 31, 2018 of 2017 taxes.

(Geo.#V89399906401975)

6. Wells Fargo Home Mortgage, in the amount of \$2,810.97, made an overpayment on December 26, 2017 of 2017 taxes.

(Geo.#T28799913602600)

- 7. Javier Sierra, in the amount of \$5,241.32, made an overpayment on January 29, 2018 of 2017 taxes. (Geo.#R24699900203000)
- 8. Sunflower Bank N.A., in the amount of \$3,700.54, made an overpayment on December 19, 2017 of 2017 taxes.

(Geo.#C75699900205000)

9. Henry Flores, in the amount of \$2,632.25, made an overpayment on December 12, 2017 of 2017 taxes.

(Geo.#P65499908302300)

10. Pacific Life Insurance Company, in the amount of \$3,245.60, made an overpayment on January 29, 2018 of 2017 taxes.

(Geo.#M40399901800200)

- 11. Corelogic, in the amount of \$2,552.67, made an overpayment on December 26, 2017 of 2017 taxes. (Geo.#P08600001300800)
- 12. Corelogic, in the amount of \$7,879.00, made an overpayment on December 26, 2017 of 2017 taxes. (Geo.#A46299917802600)

13. Timothy J. Wilson, in the amount of \$24,8 taxes. (Geo.#A765999006B0218)	377.65, made an overpayment on January 31, 2018 of 2017
14. First Savings Bank, in the amount of \$7,93 taxes. (Geo.#E13199900806700)	39.76, made an overpayment on January 30, 2018 of 2017
Laura D. Prine	Maria O. Pasillas, RTA
City Clark	Tay Assessor Collector



# MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STF, 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

TAX OFFICE RECEIVED

FEB 2 0 2018

Geo No. X581-999-2090-2301 Prop ID 373089

8600 GROUP JOINT VENTURE 6431 LOS ROBLES DR EL PASO, TX 79912-2921

Legal Description of the Property 81 TSP 2 SEC 9 T & P SURV TR 23-A (3.273 AC) & TR 30-C (0.15 AC)

8604 DYER ST

OWNER: 8600 GROUP JOINT VENTURE

2017 OVERAGE AMOUNT \$9,956.78

1: CITY OF EL PASO, 3: EL PASO ISD, 6. COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/fille company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you wrive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

#### APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund	Who should the refund be issued to	W.	-	
recipient. Show information for whomever will be receiving the refund.	City Casa Wine	Ret Mgmt, 9615 Si		
Step 2. Provide payment information.	Payment made by:	Check No.	Date Paid	. baca@monterreyasset. Amount Paid
Please attach copies of cancelled checks, bank statement or original receipts	Villa Ciento Apts	1265	01/30/2018	\$69,150.94
for all cash payments you made Step 3. Provide reason for	TOTAL A Please check one of the following:	MOUNT PAID (sum of the	he above amounts)	
this refund. Please list any accounts and/or years that you intended to puy with this overage.	I paid this account in error  X I overpaid this account. Ple I want this payment applied This payment should have	ase refund the excess to the	address listed in Step	
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply thave given on this form is true and guilty of a Class A misdemeanor	correct. (If you make a fa	isc statement on this a	upplication, you could be found
Inc 2/20118	SIGNATURE OF PHOUSETOR	(REQUIRED)	PRINTED NAME & I	
TAX OFFICE USE ONLY:	Approved Denied	By: Sooth	Date	2/20/18 V

v52.1.4

Print Data: 07/00/2019 LEB-13-5018 10:35 From: OF

Hotes Go To : 02/20/2018 16:06:49 ACTEP SHERRYB ACT80122 v1.89 Deposit Remittance DETAIL Remittance Detail Rec Applied Attorney Penalty & Account No. Unit Year Type Amount: Interest Fees Refund Levy **Discount** X58199920902301 01 2017 TL \$16,068.66 \$16,068.66 \$0.00 \$0.00 \$0.00 \$0.00 X58199920902301 03 2017 TL \$26,200.00 \$26,200.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 X58199920902301 06 2017 TL \$9,053.88 \$9,053.88 \$0.00 \$0.00 \$0.00 X58199920902301 07 2017 TL \$2,832.76 \$2,832.76 \$0.00 \$0.00 \$0.00 \$0.00 X58199920902301 08 2017 TL \$5,038.86 \$5,038.86 \$0.00 \$0.00 \$0.00 \$0.00 8001 2017 TL X58199920902301 \$9,956.78 \$9.00 \$0.00 \$0.00 \$0.00 \$9,956.78 Applied Total \$69,150.94 \$59,194.16 \$0.00 \$0.00 \$0.00 \$9,956.78



TAX OFFICE RECEIVED

JAN 31 2018

## MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSÓR COLLECTOR

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

Geo No. A520-999-0320-5700 Prop ID 249945

Legal Description of the Property 32 ALTURA PARK 42 & 43 & E 9 FT OF 44

3226 SAVANNAH AVE 79930

WELLS FARGO HOME MORTGAGE 1 HOME CAMPUS MAC X2302-04D DES MOINES, IA 50328

OWNER: BALDERRAMA DAVID & MARIA D L

2017 OVERAGE AMOUNT \$2,500.00

1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

#### Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

#### APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund recipient. Show information for whomever will be receiving	Who should the refund be issued to:  Name: Wells Favso Home Mortgage  Address: Llome Campus Mac X 2302 -040							
the refund.	City, State, Zip: De5 M	## 1000   E-Mail Address:    Check No.   Date Paid						
	Daytime Phone No.: 5153	786700						
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid				
Step 2. Provide payment information. Please attach copies of cancelled checks, bank statement or original receipts for all cash payments you may be stated to the statement or original receipts for all cash payments you may be stated to the statement or original receipts for all cash payments you may be stated to the statement of the statement o	WFHM	634772	12-11-17	2584.98				
	TOTAL	AMOUNT DAID ( CAL	h h	2584.88				
Step 3. Provide reason for this refund.	Please check one of the followin							
Please list any accounts and/or years that you intended to pay		Please refund the excess to the		1.				
with this overage.	I want this payment appli	ed to next year's taxes.						
	This payment should have	e been applied to other tax acc	count(s) and/or year(s),	, escrow (listed below):				
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply have given on this form is true at guilty of a Class A misdemeano	nd correct. ( If you make a fa or or a state jail felony under th	lse statement on this ap	oplication, you could be found				
On 2918	SIGNATURE OF REQUESTOR	R (REQUIRED)	PRINTED NAME & D.	ns 1/30/18				
TAX OFFICE USE ONLY:	Approved Denied		Date: C	2101/18				

Print Date: 12/26/2017
Robind Claim /k

39 Deposit Status Hotes Go To : SHERRYB ACCOUNT NO (A52099903205700): Bankruptcy 09-31502 has been closed 01/31/2018 17:08:33 ACT80122 v1.89 ACTEP DEPOSIT Remittance Summary Query Summary Deposit No. Account No. Remit Seq No. Check No. **Payment Amount** Payment Agreement No. M1730000001 A52099903205700 Remit Check Deposit Check Receipt Payment Payment Applied Transaction Account Paver No. Oate Seq No. No **Amount** Image Amount Type No M1730000001 12/26/2017 38488641 7033834770 CH \$63,235,613.81 3000-WELLS FARGO HO \$2,500.00 LG A52099903205700 M1730000001 12/26/2017 36468641 7033634770 CH 563 235 613 81 \$84.88 PA A52099903205700 3000-WELLS FARGO HO R92017 10/06/2017 34876966 CA \$0.00 \$0.00 TR A52099903205700 BALDERRAMA DAVID & 1 A02131778 02/13/2017 34876966 CA \$2,500.00 \$2,500.00 PA A52099903205700 BALDERRAMA DAVID & I M163000B0001 12/22/2016 33464275 3183364 CH 563,571,354,67 \$2,462.08 PA A52099903205700 3000-WELLS FARGO HO M1530000001 12/23/2015 30430546 0002822983 CH \$64,479,376.52 \$2,418.55 PA A52099903205700 3000-WELLS FARGO HO A08251548 08/25/2015 29531853 7028993265 CH \$1,060.11 \$1,060.11 PA A52099903205700 20958692-WELLS FARG( A08251548 08/25/2015 29531852 7028996875 CH \$2,507.72 \$2,507.72 PA A52099903205700 20958692-WELLS FARG( 01/26/2015 28135609 A01261548 CH \$4,433.70 PA A52099903205700 36173 \$4,433.70 22631454-PROPEL FINAN RD1608851 02/26/2014 24890907 CH 0000175976 \$134.34 \$134.34- RD A52099903205700 5159-STUART C. COX, T A02131469 02/13/2014 25817044 1166 CH \$1,000.00 \$1,000.00 PA A52099903205700 BALDERRAMA DAVID & I B01091454 12/31/2013 24890907 222674 CH \$155.01 \$20.67 PA A52099903205700 5159-STUART C. COX, T **Applied Total** \$53,449.94 Last Payer 9000 TION ब **Date** 941,976,748 Totals 00 \$2,500.00 81.676,8\$ 00.\$ 00'\$ 97.876,118 Inamy89 Jes. Excodes 22,323,60 \$111,258 Y 6002 00.\$ 2 00 81,863,58 2 00 2 00 \$2,323.60 Excodes 25,559,83 Y 600,0112 2010 21,122,37 00 \$ 00 \$ £8 655 Z\$ 2'00 00 \$ EXCODES \$9'285'2\$ Y 800,0112 1102 00.2 2 00 81 919 18 00'\$ 2'00 \$2,582,65 zeboox3 ZIOZ 00'\$ SZ 383 12 \$2,383,75 \$100'233 X 2534 35 2'00 00.2 2.00 Excodes \$100,523 Y SLOZ 25,458,47 2.00 2800'80 8.00 2.00 25 428 41 2.00 Excodes \$100'SZ3 X 21'205'2\$ 22,507,72 FLOZ 00'\$ 11 090 15 2'00 2'00 2.00 Excodes \$100 SZ3 Y SS'811'ZS 25'418'28 5102 00'\$ 00'5 00 \$ 2.00 00.2 Excodes Y 652,0012 9L0Z 2'00 00 \$ 00'\$ 00 5 \$2,462.08 22 462 08 00 \$ Excodes \$100 SS3 V 2017 00'\$ \$2,500,00 2 00 00 \$ 00'\$ 35 584 8E 88,588,88 Amount DuelPaid Information
Year Gross Value H O V D auG InnomA 1003 Paid Levy Write-Off Remaining Levy DUZG FOAN AG NCLUDED 810S/15/10 aud InuomA Remove Fees Countywide CAD No. 249945 Parcel Address 3226 SAVANNANAS Rec. Type 1 1 1 1 1 S001 | 8062 Certified Owner BALDERRAMA DAVID & MARIA D L Year alinu xaT to tal J ROII COde REAL PROPERT A\$20-999-0320-5700 Account No. InU xeT Tax Unit Description shnU xsT Account Information Tax Unit, Yr, Rec. Type **Summary** Expand Fees STATUS DETAIL AC18006 V1.284 HALLOY +2:30:71 8102\r5\r0 ACCOUNT NO(AS2099903205700): Bankruptcy 09-31582 has been closed SHERRYB Prey. Acc... Next Acc... Prev.Owner Next Owner Acc History Acc Summary Licies Documents :oT 0Đ Substantial Status

12500 N

HERRYB CT80122 v1,89	ACCOUNT NO (A52099903205700): E				Go To : inkruptcy 09-31582	has been close	đ	01/31/2018 17:06:33 ACTEP			
Deposit Remitter	(Ce	DET	AL	and the same			ar State	76			
Remittance Detail — Account No.	Tax Unit	Year	Rec Type	Appled Amount	Levy	Discount	Penalty & Interest	Attorney Fees	Refund		
A52099903205700	. 01	2017	TL	\$25.20	\$25.20	\$0.00	\$0.00	\$0.00	\$0.00		
A52099903205700		2017		\$32.48	\$32.48	\$0.00	\$0.00	30.00 {	\$0.00		
A52099903205700		2017	T.	\$14.20	\$14.20	\$0.00	\$0.00	\$0.00	\$0.00		
A52099903205700	1	2017	-	54.68	\$4.68	\$0.00	\$0.00	\$0.00	\$0.00		
A52099903205700 A52099903205700		2017		\$8.32 \$2,500.00	\$8.32	\$0.00	\$0.00	\$0.00	\$0.00		
	Арр	l Sed To	lal [	\$2,584.88	\$84.88	\$0.00	\$0.00	\$0.00	\$2,500.00		

8) 8 (2) 41 (2)

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v.

OP 42500

CREDIC CARDIREGEND

TAX OFFICE RECEIVED FEB 0 5 2018

# THE CITY OF EL PASO CONSOLIDATED TAX OFFICE 221 N. Kansas, Suite 300 El Paso, Texas 79901 Phone (915) 212-0106, Fax (915) 212-0108

**APPLICATION FOR TAX REFUND** 

APPLICANT MUST P		s property taxes for all eligible pr	openty texting changes within	CIT Was County
ALL CIOPATT MOOT I	ROVIDE THE FOLLOW	VING INFORMATION:		14577
Refund To: ROSa.	Boltran J lia S Beltro	home (915)		erty ID# (One application per account)
	16:) Back To 0-1602-9580	Cit: Bunk Property Addres and/or Legal Descriptio	130 LINU	a Avel TX 7922
Tax year	Date payment	Check No. & Date, If	Amount of taxes	Amount of refund
requested:	made	known:	paid:	requested:
1 2017	1-10-7018	ac Paymet	16,085,15	\$16,085.15
2.	-	# 5466-602-9580-	16.085.15	
3.	TOTAL AMOUNT	0618	= 34140.20	
	TOTAL AMOUNT	(sum of the above amounts)	ty Council approval re	guired if over \$2,500)
ALLES SERVICES SERVICES	RECUIRED: Conv.	of original receipt, front & bar		
bai	ak statement showing	itom cleared ( both the bank	& taxnaver name must a	inpear)
OF ACON FOR OVER	Daver Dald	Tunica with To	in different	Credit Colds
REASON FOR OVER	PAYMENT: PULCE	TWICE WITH I	10 1115 # 4111	1.2021.9051-20
Correct CT	large made	Twice with To on 1-23-2018 6	ALL VISAL TO THE	
Incarect	charge made	on 1-10-2018 0	n visa #5166-	1609-4280-0218
		in this refund is true and co		
. corting times minor	010.00			m . h
Requestor signature	$\mathcal{L}_{\mathcal{A}}$		Date: 0.5	1018 N
vadaezioi ziditainia	PENTOUN	2 16-60	Table 1	
4				
Printed name:	Rosauas	beltran	Title: (O OWN	er, Spowe
Any per	son knowingly submitting f	alse entries is subject to: (1) imprison	ment of 2 to 10 years, or \$5,00	O fine, or both.
Any per	son knowingly submitting f is year, or fine not over \$2,0		ment of 2 to 10 years, or \$5,00 An application for a refund m	O fine, or both.
Any per (2) Imprisonment up to or	son knowingly submitting f is year, or fine not over \$2,0	alse entries is subject to: (1) imprison 100, or both. (Sec 37.10 Penal Code) ment or the taxpayer waives the right	ement of 2 to 10 years, or \$5,00 An application for a refund m to the refund (Sec. 31.11 (c)).	O fine, or both. ust be made within 3 years after
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(2) Imprisonment up to or  TAX OFFICE Entry:  Tax Office Approval:  (Placed on City Council A  ( ) DISAPPROVED  ( ) Required docum ( ) Record of overp	son knowingly submitting for year, or fine not over \$2,000 (v) REFUND APPROVED  South Street	alse entries is subject to: (1) Imprison (200, or both. (Sec 37.10 Penal Code) ment or the taxpayer waives the right (200).  Returned to sender. Incoled Check, Bank Statement, or Other (200).	ment of 2 to 10 years, or \$5,00 An application for a refund m to the refund (Sec. 31.11 (c)).  Date:  Date:	O fine, or both. ust be made within 3 years after

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P Deposit Status Hotes ¥ Go To: SHERRYB ACT80122 v1.89 02/07/2018 14:11:21 ACTEP REMITTANCE Detail Deposit **Summary Query** Summary Deposit No. Account No. Remit Seq No. Check No. Payment Amount Payment Agreement No. IP01111898 B36099900100300 Check Deposit Receipt Remit Check Applied Transaction Payment Payment image No. Date Seq No. No. Amount Amount Type No. Payer IP01241898 01/23/2018 37202430 CC001869689 CR \$16,085.15 \$16,085.15 PA B36099900100300 26056370-ANGEL BELTR CR \$16,085.15 MPA B36099900100300 P01111898 01/10/2018 36931032 CC001838595 \$18,085,15 25987362-ANGEL BELTR R030118798 01/10/2018 36931032 CC001838595 CR \$0.00 \$16,085.15- TR B36099900100300 25987362-ANGEL BELTR R030118798 01/10/2018 36931032 CC001838595 CR \$0.00 \$16,085.15 TR B36099900100300 25987362-ANGEL BELTR M1622000001 12/22/2016 33466634 CH 530,897,837.33 1057968 \$15,584.55 PA B36099900100300 2200-GOVERNMENT EMP M1522000001 12/10/2015 30315119 1028222 CH \$26,619,452.13 \$14,429.23 PA B36099900100300 2200-GOVERNMENT EMP M1422000001 12/15/2014 27275820 938965 CH \$24,751,310.90 \$13,645.60 PA B36099900100300 2200-GOVERNMENT EMP M1322000001 12/10/2013 24342370 903022 CH \$22,068,111.60 \$13,391.22 PA B36099900100300 2200-GOVERNMENT EMP \$13,004.64 PA B36099900100300 A12171223 12/17/2012 21821187 \$13,004.64 **BELTRAN ANGEL** IP12191157 12/15/2011 19385219 CC000423270 CR \$15,787.92 \$15,787.92 PA B36099900100300 21552427-ANGEL BELTR RD0001088979 09/14/2011 17109530 161182 СН \$403.02-\$403.02- RD B36099900100300 **BELTRAN ANGEL** IP122010 12/16/2010 17109530 CC000321442 CR \$16,059.18 \$16,059.18 PA 836099900100300 21098717-ANGEL BELTR Applied Total \$218,098.03 (3 TISIA 0.000 Last Payer \$16,885.15 \$.00 Totals 90'5 00.8 00'\$ \$202,012.88 \$202,012.88 2.00 00'\$ .00'\$ 00.8 00'\$ 06.489,218 212'684'90 Y 196,8682 2009 Excodes 00'\$ 00.2 00'\$ 2 00 00 \$ 91 959'51\$ 212,656,16 ٨ 2011124 2010 Excodes 00'\$ 00.2 00'\$ 00 \$ 00'\$ 28.787,212 \$15,787,92 A 151'1198 2011 00'\$ 00'\$ 00'\$ Excodes 2253,530 YY 00'\$ 2'00 \$13'004'E1 \$13,004.64 SOIS 00'\$ 00'\$ 00 \$ 2 00 2.00 \$13,391.22 Excodes \$523,530 Y ZZ"16E'E1\$ 2013 Excodes Y V 068,658 2'00 00.2 00 \$ 00 \$ 2 00 213,645.60 213,645.60 PLOZ Excodes 00'\$ 00'5 2 00 2 00 2.00 214'458'53 \$14,429.23 Y 246,8582 2015 Excodes 00 \$ 00 \$ 215,584.55 00'\$ 2 00 00 \$ SS.188,218 사 시 21·6 '8£9\$ 2016 Excodes 00'\$ \$1,580,91\$ 00'5 2.00 \$1.280.012 ZIOZ 00.8 ST 980'913 人人 296 868 SuG InnomA Refund Fees Paid Levy Write-Off Remaining Levy DESC LOVY Year Gross Value H O V D roitemoint bisqlaug innomA Countywide Amount Due 102/07/2018 Multi Select **geal этоглая** AG MICLUDED CAD No. 141577 Rec. Type Parcel Address 750 **SVA ADMJ** S008 1008 9 13 Year Certified Owner BELTRAN ANGEL alinu xeT to tal. InU xaT Roll Code REAL PROPERT 0000-0100-666-0908 Account No. Tax Unit Description Tax Unit, Yr, Rec. Type stinU xeT Account Information Expand Fees Summary JIAT30 SUTATS ACTEP ACT8006 V1,284 1 02/07/2018 14:10:58 SHERRYB :oT 0Đ босителія Prey Acc... Mext Acc... Prev.Owner Next Owner Acc History Acc Summery Motes

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FEB 0 8 2018

## MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901

PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

MORENO ALICIA G 2923 SILVER AVE EL PASO, TX 79930-3019 Of 12500

Geo No. Prop ID G569-999-1200-3700 157169

Legal Description of the Property

120 GOVERNMENT HILL 15 & 16 (7250 SQ FT)

1819 RAYNOLDS \$T 79903

OWNER: MORENO ALICIA G

2017 OVERAGE AMOUNT \$2,527.72

Print Date: 01/31/2018

1: CITY OF EL PASO, 3: EL PASO ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

APPLICATION FOR PROPER	TY TA	X REFUND			(26230381)
Step 1. Identify the refund	Who	should the refund be issue	ed to:	MINERAL EXPERIENCE	TANE INSPECT OF RUSING
recipient. Show information for whomever will be receiving	Nam	e: Custodial Acct	for Alicia & Moreno	Aida L. Moreno	- Brown Replayee V
the refund.	City,			- 20.0	
Step 2. Provide payment	1		637-5060	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	lettymoreno@sbeglobal.n
	Payn	nent made by:	Cheek No.	Date Paid	Amount Paid
information. Please attach copies of cancelled checks, bank			#1101		, ,
for all cash payments you made	Name: Custadial Acct for Alicia G Moreno / Aida L. Moreno - Brash Rep Page C Address: 2923 Silver Avenue  City, State, Zip: E   Page T Texas 79930 - 3019  Daytime Phone No.: (915) 637 - 5000  Provide payment made by:  Check No.  Date Paid Amount Paid  I 29/2018 \$ 2,527 72  Check One of the following:  I paid this account in error and I am entitled to the refund.  I loverpaid this account. Please refund the excess to the address listed in Step 1.  I want this payment applied to next year's taxes.  This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):  Sign the form.  ed applications cannot  By signing below, 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. (If you make a false statement on this application, you could be found				
Step 3. Provide reason for	Pleas			the above untounts)	TO WAS A STREET WENT
this refund.		I paid this account in en	or and I am entitled to the re	efund.	
years that you intended to pay	V	I overpaid this account.	Please refund the excess to t	the address listed in Ste	ep I.
with this overage.		I want this payment app	lied to next year's taxes.		31 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Step 4. Sign the form. Unsigned applications cannot be processed.	have guilty SIG	given on this form is true y of a Class A misdemean ATURE OF REQUESTO	and correct. ( If you make a or or a state jail felony unde	r the Texas Penal Code	papplication, you could be found by, Sec. 37.10.)  DATE  DAT
TAX OFFICE USE ONLY:	1	Approved Deni	ed By: Booth	Date:	02/08/18 V

🗱 Deposit Status Hotes Go To : SHERRYB ACT80122 v1.89 02/08/2018 13:44:36 DEPOSIT Remittance **Summary Query** Summary Deposit No. Account No. Remit Seq No. Check No. **Payment Amount** Payment Agreement No. T01291840013 G56999912003700 Check Deposit Remit Check Applied Transaction Payment Payment Account Payer Date No. Seq No. No. **Amount** Amount No A01291878 01/29/2018 37366957 1102 CH \$3,202.04 \$2,527.72 PA G56999912003700 MORENO ALICIA G A01291878 01/29/2018 37364618 CA \$3,202.04 \$2,527,72- RV G56999912003700 MORENO ALICIA G 01/29/2018 37364618 A01291878 CA \$3,202.04 \$2,527,72 PA G56999912003700 MORENO ALICIA G T01291840013 01/29/2018 37447123 G56899912003700 01101 CH \$3,202.04 \$2,527,72 LG. MORENO ALICIA G X1222161000 12/22/2016 33489142 03618 CH \$2,465.10 \$2,465.10 PA G56999912003700 MORENO ALICIA G X1211151000 12/11/2015 30245742 04551 ÇН \$2,424.00 \$2,424.00 PA G56999912003700 MORENO ALICIA G A01061554 01/06/2015 27714045 1131902315 СН \$446.79 \$446.79 PA G56999912003700 MORENO ALICIA G СH \$450.00 PA G56999912003700 A01061554 01/06/2015 27714044 1297402121 \$450.00 MORENO ALICIA G A01061554 01/06/2015 27714043 0774901193 СН \$1,000.00 \$1,000.00 PA G56999912003700 MORENO ALICIA G A01061554 01/06/2015 27714042 0774901157 СH \$500.00 \$500.00 PA G56999912003700 MORENO ALICIA G 01/06/2015 27714041 СН A01061554 1645900704 \$220.00 \$220.00 PA G56999912003700 MORENO ALICIA G 11/29/2013 24220883 37843 X1129131002 СН \$2,566.29 \$2,566.29 PA G56999912003700 MORENO ALICIA G 1 **Applied Total** \$40,306,56 1 helt Last Payer L GOOD D 00 \$ \$2,527,72 05.TC\$ 100'\$ 00 DE 147,752 \$27,741,34 \$19101 Lest Payment Excodes \$2,401,2**\$** \$127,137 Y Y 00 \$ 2.00 00'\$ 2.00 00.\$ \$2,407.29 6002 EXCODER 00'\$ 2.00 \$.00 00'\$ \$2,442.84 \$2,442.84 \$150,020 YY 2010 00'\$ Excodes 00'\$ 00'\$ 00'\$ 00'\$ 00'\$ ZZ.761, ZZ ZZ.791, SZ A 人 0Z0'9ZI\$ 1102 Excodes \$153'881 A A SOIS 2.00 2.00 2.00 2.00 15.281,52 15.281,52 2 00 Excodes Y Y 196,621\$ 2013 00 \$ 00'\$ 00.2 \$2,566.29 \$2,566.29 00 \$ 00'\$ Excodes \$153,961 YY +LOZ 00'\$ \$ 00 2.00 00.5 61 919 25 **61,816,79** 00'\$ Excodes \$122,046 YY SLOZ 00'\$ 2 00 2.00 00.2 00'\$ \$2,424.00 \$2,424.00 Excodes 00 \$ 00'\$ 00'\$ 00'\$ \$2,465.10 \$2,465.10 Y Y 340,221\$ 9102 00'\$ EXCODES 00'\$ EL 125 CS 00.3 003 21.125.25 2172525 大人路70亿度 Paid Levy auG InvoiriA Refund **2001** Write-Off Remaining Levy Bese Levy Year Gross Value H O V D notisamotal bishaud tauomA AG INCLUDED 1 Amount Due | 02/08/2018 Multi Select CAD No. 157169 (4) Percel Address 1819 Rec. Type TR SGJONYAR 2008 1008 1 Certified Owner MORENO ALICIA G efall xeT to teld Roll Code [REAL PROPERT] 0076-0021-666-6930 Int xsT Account No. Tex Unil Description Tax Unit, Yr, Rec. Type shou xeT-Account Information Summary Expand Fees **STATUS DETAIL** ACTEP ACT8006 V1.284 02/08/2018 13:44:21 SHERRYB Prey.Acc... Next Acc... Prev.Owner Next Qwner Acct Blatory Acct Summery Iteless 0T 0Đ sniels juneaby #\$

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	App	ded To	tal [	\$2,527.72	\$0.00	\$0.00	\$0.00	\$0.00	\$2,527.72		



TAX OFFICE RECEIVED

## MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901

FEB 08 2018

Prop ID

PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

OP +2500

V893-999-0640-1975 663198

Legal Description of the Property 64 VISTA DEL SOL #13 SWLY PT OF 10 (248.43 FT ON ST-210.78 FT ON

NLY-252.97 FT ON ELY-163.05 FT ON SLY) (46433.00 SQ FT) 2000 LOMALAND

Geo No.

OWNER: RM SQUARED INVESTMENTS LP

2017 OVERAGE AMOUNT \$6,096.78

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

#### Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

#### APPLICATION FOR PROPERTY TAX REFUND

RM SQUARED INVESTMENTS LP

821 N RAYNOR ST EL PASO , TX 79903-4121

ALLECATION FOR PROPER	
Step 1. Identify the refund	Who should the refund be issued to:
recipient. Show information for	Name: BICARIDO MARQUEZ (242344)
whomever will be receiving	Address: 5417 BULKLET DR-
the refund.	City, State, Zip: EL PASO TX 79912
	Daytime Phone No.: 915 562-7469 E-Mail Address: Ricke ELP. RR. COM
Step 2. Provide payment	Payment made by: Check No. Date Paid Amount Paid
information.	Jule 1 and 7 through 1 and
Please attach copies of	
cancelled checks, bank statement or original receipts	
for all cash payments you made	TOTAL AMOUNT PAID (sum of the above amounts)
Step 3. Provide reason for	Please check one of the following:
this refund.	I paid this account in error and I am entitled to the refund.
Please list any accounts and/or years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.
with this overage.	I want this payment applied to next year's taxes.
- N	
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):
<u> </u>	
Step 4. Sign the form.	By signing below, I hereby apply for the refund of the above-described taxes and certify that the information I
Unsigned applications cannot be processed.	have given on this form is true and correct. (If you make a false statement on this application, you could be foun guilty of a Class A misdemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)
9	
The	SIGNATURE OF REQUESTOR (REQUIRED) PRINTED NAME & DATE
2/9/18	RICK MARQUEZ Z-5-18
- 07 1110	/~ [ /
TAX OFFICE USE ONLY:	Approved Denied By: Cooth Date: 62/08/18
This application must be completed	

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CT80122 v1.89								02/0 ACT	8/2018 14:11: EP	05
Deposit Remitta	inge	DET	AL							
Remittance Detail	Tax Unit	Year	Rec Type	Applied Amount	Levy	Discount	Penalty & Interest	Attorney Fees	Refund	高いは
V89399906401975	01	2017	TL	\$6,427.48	\$6,427.46	\$0.00	\$0.00	\$0.00	\$0.00	
V89399906401975	05	2017	TL	\$11,680.00	\$11,680.00	\$0.00	\$0.00	\$0.00	\$0.00	督
V89399906401975	06	2017	TL.	\$3,621.55	53,621.55	\$0.00	\$0.00	\$0.00	\$0.00	日
V89399908401975	07	2017	π	\$1,133.10	\$1,133.10	\$0.00	\$0.00	\$0.00	\$0.00	B
V89399906401975	08	Milliamstern	TL	\$2,015.54	52,015,54	\$0.00	\$0.00	\$0.00	\$0.00	6
V\$9399906401975	6001		TE.	\$6,096.78	\$0,00	\$9.00	\$0.00	\$0,00	\$6,096,78	<b>FEBRERIES</b>
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The State of the Late of the State of the St	Ann	led To	lal	\$30,974.43	\$24,877.65	\$0.00	\$0.00	\$0.00	\$6,096.78	1



## MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSÓR COLLECTOR

FEB 0 7 2018

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

Geo No. T287-999-1360-2600 Prop ID 236009

Legal Description of the Property

136 TIERRA DEL ESTE #39 LOT 26 (6214.40 SQ FT)

3348 TIERRA MISION DR

OWNER: AGUIRRE ARMANDO JR & ROSALVA G

2017 OVERAGE AMOUNT \$2,810.97

WELLS FARGO HOME MORTGAGE 1 HOME CAMPUS MAC X2302-04D DES MOINES, IA 50328

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

#### APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund	Who should the refund be issued to	01		
recipient. Show information for	Name: Wells Favo Ho	me mortcace	/	
whomever will be receiving	Address:   Home Camp	us Mac x 230	2-040	
the refund.	City, State, Zip: PCS No.	ines 14 503	378	
	Daytime Phone No.: 515 3	986700	E-Mail Address:	
Step 2. Provide payment	Payment made by:	Moines Mac X 7302 - 04D  Moines 14 50328  15 399 6700 E-Mail Address:  Check No. Date Paid A  744016 12-11-17 2  TOTAL AMOUNT PAID (sum of the above amounts) 2	Amount Paid	
information. Please attach copies of cancelled checks, bank	WFHM	744014	12-11-17	2810.97
statement or original receipts for all cash payments you made	TOTAL		e above amounts)	2810.97
Step 3. Provide reason for this refund.	Please check one of the following:  I paid this account in error		nd.	المتاك السينية وكروث
Please list any accounts and/or years that you intended to pay	<del></del>			p 1.
with this overage.	I want this payment applied	<u> </u>		
	This payment should have	been applied to other tax acc	count(s) and/or year(	s), escrow (listed below):
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply thave given on this form is true and guilty of a Class A misdemeanor of	l correct. ( If you make a fal	se statement on this	application, you could be found
Inc	SIGNATURE OF REQUESTOR	(REQUIRED) P	RINTED NAME & Kyle Mur	DATE 2/6/18 V
29/18 TAX OFFICE USE ONLY:	Approved Denied	By: Shouth		astoalis V

Print Date: 12/26/2017 Robund Claim 1/2 ैंख़ Deposit Status Notes Go To: SHERRYB ACT80122 v1.89 02/08/2018 14:57:10 ACTEP DEPOSIT Remittance Detail Summary Query Summary Remit Seq No. Deposit No. Account No. Check No. **Payment Amount** Payment Agreement No. M1730000001 T28799913602600 Remit Applied Transaction Check Deposit **Payment Payment** Payer nage No. Date Seq No No. Amount Amount Type No. 3000-WELLS FARGO HO M1730000001 12/28/2017 7033634770 63,235,613.81 \$2,810.97 LG T28799913602600 A12181778 12/18/2017 36330127 10054311 CH \$2,810.97 \$2,810.97 PA T28799913602600 25500651-STEWART TITL 12/18/2017 36330127 10054311 СН DA T28799913602600 25500651-STEWART TITL RF180208 \$0.00 \$0.00 RF180208 12/18/2017 36330127 10054311 СН \$0.00 \$0.00 DA T28799913602600 25500651-STEWART TITL RF180208 12/18/2017 36330127 10054311 СН \$0.00 \$24.55- DA T28799913602600 25500651-STEWART TITL RF180208 12/18/2017 36330127 10054311 CH \$0.00 \$43.56- DA T28799913602600 25500651-STEWART TITL СH RF180208 12/18/2017 36330127 10054311 \$0.00 \$8.05-DA T28799913602600 25500651-STEWART TITE RF180208 12/18/2017 36330127 10054311 СН \$0.00 \$24.55 DA T28799913802600 AGUIRRE ARMANDO JR ( CH DA T28799913602600 RF180208 12/18/2017 36330127 10054311 \$0.00 \$43.56 AGUIRRE ARMANDO JR ( RF180208 12/18/2017 36330127 10054311 CH \$0.00 \$14.32 DA T28799913602600 AGUIRRE ARMANDO JR RF180208 12/18/2017 36330127 10054311 СН \$0.00 \$14.32- DA T28799913602600 25500651-STEWART TITL 25500651-STEWART TITL RF180208 12/18/2017 36330127 10054311 СН \$0.00 \$0.00 DA T28799913602600 \$30,195.52 **Applied Total** nualy Last Payer 1 \$27,238.23 Totals 00 5 \$27,238,23 00.2 **82.738,52** 00.2 00'\$ Last Payment Excodes 00'\$ 2.00 00'\$ 2.00 00'\$ S7.8S7.S 27.35T,S Y 881,1S1\$ 600Z Excodes Y 883,EF12 00'\$ 00.2 00.2 00.2 00.2 67.E62.S8 87.E92,S 2010 Excodes 00'\$ 00'\$ 00.2 00'5 00.2 S1.828.58 S1.828,52 Y 788,8012 1102 Excodes 00'\$ 00.2 00.2 00'\$ 00'\$ 25'614'30 00 119 28 Y 649, TOPE 2015 Excodes 2.00 00.8 00'\$ 00'\$ 00.8 R6 11/75 \$2,714.98 Y 188,8012 2013 Excodes Y 188,8012 00'\$ 00.8 00'\$ 00.2 85.887.SE PLOZ 00.8 **66.887 S** EXCODES 2.00 00.8 00'\$ 15,169,52 ¥ 6018 SLOZ 00.8 2.00 LS 169 ZS Excodes Y 601 6012 00.8 00.2 2016 00.2 00.\$ 00.2 E6.8E7,58 E6.8E7,52 Excodes 人 291 6013 ZVOZ 59 199 75 00 \$ **62,139,52** 20.2 00 S 00.2 59 199 25 Paid Levy Write-Off Remaining Levy SEES LOVY Year Gross Value H O V D 8391 **Amount Due** Metund Amount Due/Paid Information Remove for Countywide 810S/80\20 | 02/08/2018 AG INCLUDED Multi Select CAD No. 236009 Rec. Type RO NOISIM ASSIST Parcel Address 3348 9001 8002 9 Certified Owner PAYNE MARCUS Year Elint xoT to tail Account No. | 1267-999-1369-2090 Tax Ung Roll Code REAL PROPERT Tax Unit Description Tax Unit, Yr, Rec. Type SHOU XE! ACCOUNT INTO STATE Expand Fees **Areurung JIATED SUTATS GETOA VCIS008 AUSS4** 02/08/2018 14:56:55 SHERRYB OT 00 Prey. Acc., Next Acc., Prev.Owner Next Owner Acc History Acc Summery Botes Documents shiets juneaby 65

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		Notes			Go To :		(distribution)	5 69	
HERRYB ACT80122 v1:89								THE PERSON NAMED IN	8/2018 14:57:10 EP
Deposit Rem	ttance	DET	AL						
Remittance Detail	Tax Unit	Year	Rec Type	Applied Amount	Levy	Discount	Penaty &	Altorney	Refund
T28799913602600	8001	2017		\$2,810,97	\$0.00	\$0.00	\$0.00	\$0.00	\$2,810.97
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as the second	App	sied To	tol	\$2,810.97	\$9.00	\$0.00	\$0.00	\$0.00	\$2,810.97

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## MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901

FEB 09 2018

Prop ID

PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

R246-999-0020-3000 363406 Legal Description of the Property 2 RANCHOS DEL SOL LOT 7

Geo No.

SIERRA JAVIER & EUGENIA 12112 CITATION DR EL PASO, TX 79936-7818

of v

12112 CITATION DR

**OWNER: SIERRA JAVIER & EUGENIA** 

2017 OVERAGE AMOUNT \$5,241.32

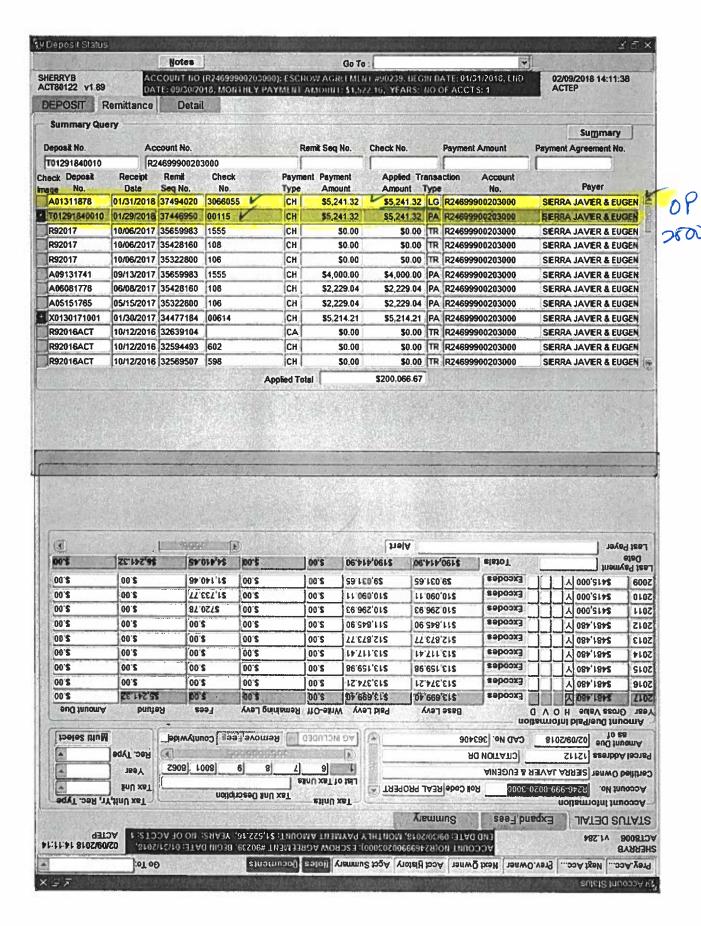
1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD

#### Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

#### ADDLICATION FOR PROPERTY TAY DEFINE

Step 1. Identify the refund	Who should the refund be issued to:
recipient. Show information for whomever will be receiving the refund.	Name: Javier Sierra (25425728)  Address: 12/12 Citation De.  City, State, Zip: El Paro, Tx 79936  Daytime Phone No.: (95)  E-Mail Address:
Step 2. Provide payment information. Please attach copies of cancelled checks, bank statement or original receipts for all cash payments you made	Payment made by: Check No. Date Paid Amount Paid  El Paro Tax Ossesson CQ# 115 1/32/18 5,241.32  TOTAL AMOUNT PAID (sum of the above amounts)
Step 3. Provide reason for this refund. Please list any accounts and/or years that you intended to pay with this overage.	Please check one of the following:  I paid this account in error and I am entitled to the refund.  I overpaid this account. Please refund the excess to the address listed in Step 1.  I want this payment applied to next year's taxes.  This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, 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. (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 the Texas Penal Code, Sec. 37.10.)
Sml 2/9/18 TAX OFFICE USE ONLY:	SIGNATURE OF REQUESTOR (REQUIRED)  PRINTED NAME & DATE  Jege Wild Sierra  Approved  Denied By: Scott Date: 02/09/18



CT80122 v1.89 Deposit Remitta		DET		IORTHLY PAYME	NT AMOUNT: \$1,522	16, YEARS: IIO	OF ACCIS: 1	ACT	
Remittance Detail Account No.	Tax Unit	Year	Rec Type	Applied Amount	Levy	Discount	Penalty & Interest	Altomey Fees	Refund
24699900203000	8001	2017	TL	\$5,241,32	\$0,00	\$0.00	\$0.00	\$0.00	\$5,241,32
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	_			and the state of t					
	<u> </u>	[							
	App	l lied Tol	lai [	\$5,241,32	\$0.00	50.00	\$0.00	\$0.00	\$5,241.32

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TAX OFFICE RECEIVED

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## MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

Geo No. C756-999-0020-5000 Prop ID 158373

Legal Description of the Property

2 CONTINENTAL INDUSTRIAL PARK PT OF 2 3 & 4 (197 FT ON DIESEL 369.47' ON NLY 298.36' ON ELY 323.37 FT ON CASTNER) (79896 SO FT)

8801 CASTNER DR

OWNER: ABER RICHARD L & DAVID

2017 OVERAGE AMOUNT \$3,700.54

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL **PASO** 

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

SUNFLOWER BANK NA

SALINA, KS 67402

**PO BOX 800** 

Step 1. Identify the refund	Who should the refund be issued to:	TE STEEL			
recipient.	Name: Sunflower Bank N.	A. /	12		
Show information for whomever will be receiving	Address: 3025 Cortland ()				
the refund.	City, State, Zip: Salina, KS (				
	Daytime Phone No.: 185 - 826 - 53		E-Mail Address:	escrousale sunf	lowerbank.
Step 2. Provide payment	Payment made by:	Check No.	Date Paid	Amount Paid	45/23/8
information. Please attach copies of cancelled checks, bank	Sunflower Bank, NA	022992	12/12/17	\$31,687.92	7
tatement or original receipts or all cash payments you made	TOTAL AMOU	NT PAID (sum of the	e above amounts)		
tep 3. Provide reason for	Please check one of the following:				
his refund. Please list any accounts and/or	I paid this account in error and I a	m entitled to the refun	d.		
ears that you intended to pay	I overpaid this account, Please ref	und the excess to the	address listed in Ste	ep 1.	/
vith this overage.	I want this payment applied to nex				
	This payment should have been a	pplied to other tax acc	ount(s) and/or year	(s), escrow (listed belo	w):
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply for the have given on this form is true and correc guilty of a Class A misdemeanor or a sta	ct. ( If you make a fals	se statement on this	application, you could	tion I d be found
A1418	SIGNATURE OF REQUESTOR (REQUESTOR)		RINTED NAME & Justine Far		8
Recid Pop ST TAX OFFICE USE ONLY.	Carried Papied B	18 19: <i>Sbooth</i>	Date:	02/14/18	~

💯 Deposit Status Notes Go To: SHERRYB ACT80122 v1.89 01/30/2018 16:47:02 DEPOSIT Remittance Detail **Summary Query** Summary Deposit No. Account No. Remit Seq No. Check No. **Payment Amount** Payment Agreement No. A12191765 C75699900205000 Check Deposit Remit Payment Payment Applied Transaction Account Payer Image No. Date Seq No No. Amount Type Type Amount No. RD2886638 12/20/2017 33289679 0000207852 CH \$7,807.48-\$7.807.48- RD C75699900205000 25842039-ABER RICHAR RD2886638 12/20/2017 30429940 0000207852 CH \$7,399.28 \$7.399.28- RD C75699900205000 25842039-ABER RICHAR A12191765 12/19/2017 36374473 СН 022992 \$334,109.25 \$27,987.38 AA C75699900205000 25843292-SUNFLOWER F A12191765 12/19/2017 36374473 CH 022992 \$334,109,25 \$3,700.54 LG C75699906205000 25843292-SUNFLOWER ( M164800 12/13/2016 33289679 32881 CH \$35,317.91 PA C75699900205000 \$479,523.36 4800-CAPITAL BANK RC171218 12/13/2016 33289679 32881 CH \$7,807.48-\$7,807.48- TR C75699900205000 ABER RICHARD L & DAV RC171218 12/13/2016 33289679 32881 CH \$7,807.48 \$7,807.48 TR C75699900205000 25842039-ABER RICHAR RF171218 12/13/2016 33289679 32881 СН \$1,940.32 DA C75699900205000 \$0.00 ABER RICHARD L & DAV RF171218 СН 12/13/2016 33289679 32881 \$0.00 \$1,156.27- DA C75699900205000 4800-CAPITAL BANK RF171218 12/13/2016 33289679 32881 CH \$0.00 \$0 00 DA C75699900205000 4800-CAPITAL BANK RF171218 12/13/2016 33289679 ÇН \$0.00 \$0.00 DA C75699900205000 32881 4800-CAPITAL BANK RF171218 12/13/2016 33289679 32881 CH \$0.00 \$0.00 DA C75699900205000 4800-CAPITAL BANK \$603,802.70 **Applied Total** 9097 Men LBSI Payer (3) Dete 2211534 ZZ'686'969\$ ElatoT 00 \$ \$3,700.54 00'\$ \$696,989,22 00'\$ Lest Payment 600Z 2 00 2 00 2 00 2'00 2 00 231,036,00 231 036 00 \$1,200,000 89'869'16\$ 89,869,16\$ 21 200,000 0102 00.2 2.00 00.2 00'\$ 2.00 LLOZ 00'\$ 2 00 00.8 00'\$ 2.00 38.888,152 331,888,86 21,200,000 2012 2.00 2 00 2'00 00'S 00 S 229,324,22 \$29,324.22 \$1,084,587 \$32,303,37 291'691'1\$ 2013 00'\$ 00 \$ 00.2 90.2 00'\$ 232,303,37 21,149,482 \$102 00'\$ 00 \$ 2 00 00'\$ 00'\$ \$32,889.93 \$32,889,93 00'\$ 00 \$ \$26,072,22 2800'000\$ SLOZ 00.\$ 00\$ 00.2 **SZ6,072,22** 2.00 200'006\$ 9102 2.00 00 \$ 00 \$ \$27,510.43 \$27,510.43 00.2 00'\$ 8E 786 758 000'006\$ 2102 00 \$ 00 \$ SE. 788, 152 PS 007, E3 00 \$ aud InvomA \$30 J Paid Levy Write-Off Remaining Levy Dase Levy Year Gross Value H O V D Refund Amount DuefPaid Information Amount Due 61/30/2018 AG INCLUDED M Remove Fees Countywide Muin Select CAD No. 158373 Parcel Address |8801 Rec. Type CASTNER DR TIME 3 1008 Certified Owner ABER RICHARD L & DAVID Year List of Tax Units Account No. | C756-999-0020-5006 ROII COOS REAL PROPERT ANU XAT Tax Unit Description Tax Unit, Yr, Rec. Type Account Information Summary Expand Fees JIATED SUTATS ACTEP ACT8006 v1.284 94,30/2018 16,46,44 SHERRYB Prey.Acc., Next Acc., Prev.Owner Next Owner Acci History Acci Summary Hotes Documents 01 0Đ Striet Status

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SHERRYB	Te.	Notes			Go To :			91/3	0/2018 16:47:02
CT80122 v1.89								ACT	
Deposit Remitte	nce .	DET	AIL						
Remittance Detail Account No.	Tax Unit	Year	Rec Type	Applied Amount	Levy	Discount	Pensity & Interest	Attorney Fees	Refund
C7509990029500Q	01	2017	TL	\$7,230.90	\$7,230.90	\$0,00	\$0.00	\$0,00	\$0.00
C75699900205000	05	2017	π	\$13,140.00	\$13,140.00	\$0.00	\$0.00	\$0.00	\$0.00
C75699900205000	06	2017	π	\$4,074.25	\$4,074.25	\$0.00	\$0.00	\$0.00	\$0.00
C75699900205000	07	2017	π	\$1,274.74	51,274.74	50 00	\$0.00	\$0.00	\$0.00
C75699900205000		A STATE OF THE PARTY.	TL	\$2,267,49	\$2,267.49	\$0.00	\$0.00	30.00	\$0.00
C75699900205000	8001	2017		\$3,700.54	\$0.00	\$0.00	\$0.00	\$0.00	\$3,700.54
tong salah salah salah	Арр	lied To	tal [	\$31,687.92	527,987.38	\$0.00	\$0.00	\$0.00	\$3,700.54





Prop ID

## MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

FLORES HENRY 3401 QUANAH PL EL PASO, TX 79936-1813 04 V

P654-999-0830-2300 109534 Legal Description of the Property 83 PEBBLE HILLS LOT 12 3401 QUANAH PL

OWNER: FLORES HENRY

Geo No.

2017 OVERAGE AMOUNT \$2,632.25

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

#### APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund	Who s	hould the re	fund be issued to:			3	
recipient. Show information for	Name	19	tenn F	lures /		5545	-22600
whomever will be receiving	Addre		2001	Wanah 1	Di V		
the refund.	City, S	State, Zip:	El Pas	10.11	9936	1	
	Daytin	ne Phone N		120 5662	E-Mail Address	:	
Step 2. Provide payment	Paymo	nt made by		Check No.	. Date Paid	Amount Paid	
information.			- 32			T	
Please attach copies of cancelled checks, bank statement or original receipts							
for all cash payments you made			TOTAL AN	AOUNT PAID (sum	of the above amounts		
Step 3. Provide reason for	Pleaso	check one	of the following:	10.447.0	10 to 10		
this refund. Please list any accounts and/or		I paid this	account in error ar	nd I am entitled to the	refund.		
years that you intended to pay	X	I overpaid	this account. Pleas	se refund the excess to	the address listed in S	tep 1.	
with this overage.	1	I want this	payment applied	o next year's taxes.			
		This paym	ent should have be	en applied to other ta	x account(s) and/or yea	r(s), escrow (listed below):	
Step 4. Sign the form. Unsigned applications cannot be processed.	have	given on this	s form is true and o	correct. ( If you make	ove-described taxes and a false statement on the der the Texas Penal Co	l certify that the information is application, you could be de, Sec. 37.10.)	ı I : found
Luc	SIGN	ATURE OF	OUESTOR (F	EQUIRED)	PRINTED NAME	A PATE 1 F 1065	V
2114/18	2000000			CA 11		201.01.0	/
TAX OFFICE USE ONLY:	V	Approved	Denied	Ву:	Date:_	02/14/18	-

au Deposit Status Hotes ~ Go To : SHERRYB ACT80122 v1.89 02/14/2018 12:58:55 ACTEP DEPOSIT Remittance Detail **Summary Query** Summary Deposit No. Account No. Remit Seq No. Check No. **Payment Amount** Payment Agreement No. A12121781 P65499908302300 Check Deposit Remit **Payment Payment Applied Transaction** Account Payer Date No. Seg No. No. Amount No. Invoint T01171840018 01/17/2018 37081340 07607 \$2,632.25 CH \$2,632.25 LG P65499908302300 FLORES HENRY 1 A12121781 12/12/2017 \$2,632.25 FLORES HENRY M163000B0001 12/22/2016 33464275 3183364 CH \$63,571,354.67 \$2,569,88 PA P65499908302300 3000-WELLS FARGO HO M1530000001 12/23/2015 30430548 0002822983 CH \$84,479,376.52 \$2,589.71 PA P65499908302300 3000-WELLS FARGO HO M1430000001 12/18/2014 27355759 CH 566,307,267.92 1003381659 \$2,712.83 PA P65499908302300 3000-WELLS FARGO HO M1330000001 12/16/2013 24416909 1003006699 CH \$63,218,801.28 \$2,656.27 PA P65499908302300 3000-WELLS FARGO HO 12/19/2012 21869457 M12300010001 9004908268 CH \$56,622,918.87 \$2,547.50 PA P65499908302300 3000-WELLS FARGO HO M11300010001 12/20/2011 19419463 1002082571 CH 551,574,363.88 \$2,456.47 PA P65499908302300 3000-WELLS FARGO HO M1030000001 12/20/2010 17107028 1224061 СН 548,942,809.70 PA \$2,432.99 P65499908302300 3000-WELLS FARGO HO 544,471,829.37 M0930000001 12/18/2009 14861390 1028688 CH \$2,597.33 PA P65499908302300 3000-WELLS FARGO HO M0830000001 12/30/2008 12811231 7000595226 CH 538,302,197.97 \$2,587.40 P65499908302300 3000-WELLS FARGO HO R0566139 08/13/2008 10354831 144523 СН \$561.13-\$561.13- RD P65499908302300 FLORES, HENRY 1 **Applied Total** \$48,525.83 a 1 3900F π<del>э</del>|Α LEST PRYOF fromya9 158. Date 00 \$ ElatoT 0015 00'\$ \$46,893.58 242,893.58 W (3.9 a) DO'S Encodes \$155'629 Y 00.8 EE.762,23 EE.792,53 6002 2.00 00 \$ 00 \$ 00.8 Excodes 00'\$ 00 \$ 00'\$ 2.00 25'435'88 25 435 88 X 13,195 Y 2010 00.8 ZV 1991 ZS 00'\$ 00'\$ 00.2 00 \$ 00'\$ ZV 997 Z\$ 2113'182 A 1102 Excodes 00'\$ 00.8 00.\$ 00.8 00'\$ 92,547.50 \$5,547,50 918,4112 2012 EXCODER 00'\$ 00'\$ 00.2 2 00 00'\$ 72.656.27 LZ 999'ZS 948,112 SLOZ Excodes 2.00 00'\$ 2'00 2 00 00 \$ 58.217,S 58.217,S8 918,4112 >LOZ Excodes 00.8 00.2 00.2 00'\$ 00.2 17.682,58 17 688 28 \$113'884 A 2015 Excodes 00'\$ ¥108,601 2.00 2.00 88 695 28 88 695 Z\$ 9102 00 \$ 00.8 Excodes 00'\$ 55 658 65 85 845 SE Y 108,8012 2102 SC C63 C5 003 00 S 202 Paid Levy Write-Off Remaining Levy auG JanomA Refund Base Levy Vear Gross Value H O V D moitamnoini bia quant innomA 810S\Articolar loss Multi Select AG INCLUDED Remove Fees County-wide CAD No. 109534 Rec. Type IN HAMAUD Forcel Address 3401 2008 1008 S 9 Certified Owner FLORES HENRY Year clat of Tex Units RON COOP REAL PROPERT 0002-0090-666-759d Account No. Tax Unit Tex Unit Description Tax Unit, Yr, Rec. Type Account Information **Viewmus** Expand Fees JIAT30 SUTATS ACTEP VC18006 V1.284 LV:95:Z1 8L0Z/V1/Z0 SHERRYB Prey. Act Acc. Mext Acc. Brev. Owner Next Owner Acc History Act Summery Lieues Documents :0T 0Đ

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RECEIVED FEB 1 3 2018

## MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300

**EL PASO, TX 79901** PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

Prop ID Geo No. M403-999-0180-0200 405291

Legal Description of the Property

18 MESQUITE TRAILS #4 LOT 2 (12.3790 AC)

910 SUNFIRE BLVD

OWNER: PASEO PALMS LTD

2017 OVERAGE AMOUNT \$3,245.60

1: CITY OF EL PASO, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO, 9: SOCORRO ISD

Dear Taxpayer:

PACIFIC LIFE

PO BOX 9000

700 NEWPORT CENTER DRIVE

NEWPORT BEACH, CA 92658-995

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

Step 1. Identify the refund	Who should the refund be issued			
recipient. Show information for	Name: Pacific Life	Insurance	Com pany	V (20408387)
snow information for whomever will be receiving	Name: Pacific Life Address: 700 New po City, State, Zip: New por- Daytime Phone No.: 949.2	rt Center D	riva	
the refund.	City, State, Zip:	+ Beach CF	1 92660	V
	Daytime Phone No.: 949. 2	19-1-854	E-Mail Address:	Kimberly-garrettepacit
Step 2. Provide payment	Payment made by:	Cheek No.	Date Paid	Amount Paid
information. Please attach copies of cancelled checks, bank	PACIFIC LIFE	000014038	1/16/2018	134,848.20
tatement or original receipts or all cash payments you made	TOTAL	AMOUNT PAID (sum of the	he above amounts)	
tep 3. Provide reason for	Please check one of the following			
his refund.	I paid this account in error	and I am entitled to the refu	nd.	/
lease list any accounts and/or ears that you intended to pay	I overpaid this account. Pl	ease refund the excess to the	address listed in Ste	ep 1.
vith this overage.	I want this payment applie			
	This payment should have	been applied to other tax ac	count(s) and/or year	(s), escrow (listed below):
*				
Step 4. Sign the form. Unsigned applications cannot be processed.	By signing below, I hereby apply have given on this form is true an guilty of a Class A misdemeanor	d correct. ( If you make a fa	lse statement on this	application, you could be found
Inc 2114/18	signature of requestor	(REQUIRED)	Kim Gari	DATE V 2/5/2018 V 2/14/18
TAX OFFICE USE ONLY:	Approved Denied	By: Ebooth	Date:	214/18

Hotes Go To : SHERRYB ACT80122 v1.89 02/14/2018 13:07:36 ACTEP DEPOSIT | Remittance Detail **Summary Query** Summary Deposit No. Account No. Remit Seq No. Check No. **Payment Amount** Payment Agreement No. A01291875 M40399901800200 Check Deposit Remit image No. Payer Date Seq No No. Amount mount Type No. 22275034-PACIFIC LIFE A01291875 01/29/2018 37314575 000016038 CH \$134,848.20 \$3,245.60 LG M40399901800200 01/29/2018 37314575 \$131,602.60 A01291875 000016038 \$134,848.20 PA 22275034-PACIFIC LIFE M40399901800200 A01251741 01/25/2017 34280538 000014382 СН \$137,438.36 \$137,438.36 PA M40399901800200 22275034-PACIFIC LIFE A01201665 01/20/2016 31046593 12321 СН \$152,822.40 \$152,822.40 PA M40399901800200 20408387-PACIFIC LIFE A01131565 01/13/2015 27886842 СН 9864 \$104,295.52 \$104,295.52 PA M40399901800200 20408387-PACIFIC LIFE A01221448 01/22/2014 25129129 000007299 СН \$102,378.46 \$102,378.46 PA M40399901800200 20408387-PACIFIC LIFE A01231363 01/23/2013 22507429 000005148 СН \$99,503.19 \$99,503.19 PA M40399901800200 22275034-PACIFIC LIFE A01241248 01/24/2012 20007378 350005923 CH \$95,321.14 \$95,321.14 PA M40399901800200 20408387-PACIFIC LIFE A0126114B 01/26/2011 17781674 350002125 CH \$87,207.56 \$87,207.56 PA M40399901800200 20408387-PACIFIC LIFE A02101054 02/10/2010 15928767 252 CH \$186,474.35 \$186,474.35 PA M40399901800200 PASEO PALMS LTD A01201055 01/20/2010 15349579 550004949 CH \$16,157.57 \$16,157.57 PA M40399901800200 20756616-PACIFIC LIFE IN X0126091010 01/26/2009 13329036 02085 СН \$16,262.76 \$16,262.76 M40399901800200 PASEO PALMS LTD \$1,132,709.51 Applied Total 1 gangaane .... Alen: Lest Payer Date \$1,129,463.91 Totals \$100 \$2,245.60 00'\$ 200 00 \$ 16'099'6Z1'1\$ Last Payment 168,116,83 600Z 2.00 2'00 2 00 2.00 00'\$ 28,159,2023 2502,631,92 95 TOZ, T88 **95 702,78**\$ 23,507,600 2010 2.00 00.2 00.8 00.2 2 00 00'\$ 00.2 00 \$ 00.2 00.2 \$82'351'14 \$1"1ZE 96\$ 116,887,E2 2011 00.2 00.2 00'\$ 2.00 00'\$ 61 205 66\$ \$39,503,19 016'994'6\$ ZLOZ 00'\$ 2'00 00'\$ 2'00 00'\$ 2105 378 46 \$102,378.46 016'991'6\$ 2013 00.2 2'00 00.2 2.00 ZS S6Z'+01\$ 2104'S82'25 016 957,62 00'\$ PLOZ 00'\$ 00.2 00'\$ 00.2 00.2 2125'855 40 \$152,822.40 22'432'5S0 SLOZ 00.2 36.8EA, TE12 014,118,42 00'\$ 00.2 00'\$ 00'\$ 36.864,7612 2016 \$131,602.60 \$131,602,60 000 005 48 2'00 13.245.60 00.2 003 003 **aud InvomA** Refund 1001 Paid Levy Write-Off Remaining Levy Bese Levy Year Gross Value H O V D Amount DuelPaid Information Amount Due | 02/14/2018 YE INCLUDED REMOVE REEZ COUNTYWING Hufti Select CAD No. 405291 SOMEONIC PROPERTY Rec. Type CANE BLAD Ote searbbA leans 9 1008 Certified Owner PASEO PALMS LTD TeaY SENU XOT TO ISLA Roll Code REAL PROPERT Account No. [AL: 03-999-0160-0200] ARU XET Tax Unit Description atinu xsT Tax Unit, Yr, Rec. Type Account Information **VIBUILING** Expand Fees JIATED SUTATS ACTEP ACT8006 V1.284 60:70:E1 810Z\r120 SHERRYB Prev.Owner Next Qwner Acct History Acct Summary Lotes Decuments :01 00 Prey. Acc ... Next Acc ... X型元 Snjets tunoppe at

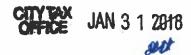
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M40399901800200	01	2017	TL [	\$36,154.49	\$38,154.49	\$0.00	\$0.00	\$0.00	\$0.00	
M40399901800200	06	2017	TL	\$20,371.23	\$20,371.23	\$0.00	\$0.00	\$0.00	\$0.00	觀
M40399901800200	07	2017	n	56,373.71	\$6,373.71	\$0.00	\$0.00	\$0.00	\$8.00	篠
M40399901800200	08	2017	TL.	511,337.44	\$11,337.44	\$0.00	50.00	\$0.00	\$0.00	觀
M40399901800200	09	2017	TL	\$57,365.73	\$57,365.73	\$0.00	\$0.00	\$0.00	\$0.00	
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V

THE CITY OF EL PASO
CONSOLIDATED TAX OFFICE
221 N. Kansas, Suite 300
El Paso, Texas 79901
Phone (915) 212-0106, Fax (915) 212-0108



## **APPLICATION FOR TAX REFUND**

The Consolidated Tax Office collects property taxes for all eligible property taxing entities within El Paso County.

	DALUDE THE FOLLOW					670438
APPLICANT MUST P	ROVIDE THE FOLLO	(00)			Proper	rty ID# (One application per
Refund To:	logic (1624		Phone: 817_( HOME WORK		P086	account) 00001300800 Reneous Prol
Address (mail refund	d to:)		Property Addres	is: 770 C	ovino	yton Rd
Refund De POBOX 92	02	V		in: 131K 13 lage Lot 8	Painte	
COPPEL TX	Date payment	Check N	lo. & Date, if	Amount of to		Amount of refund
requested:	made:		nown:	paid:		requested:
1. 2017	12/15/17	4509470	)	2,552.6	7	a,552.67 V
2.						
<u> </u>	TOTAL AMOUN	T (sum of the	above amounts)			
			(C	ity Council app	roval reg	quired if over \$2,500)
ha	<u>REQUIRED:</u> Copy nk statement showin	of original re	ceipt, front & ba	ck of negotiated : & taxpaver nam	check, O e must ai	)R ppear )
I ONVIAL MUDI	rpayment: ERRI 6000013009 rcel 15 P08	NOD DOI	u, iii Gri	, ) <b>K</b>	Ciriz	za at
"I certify that infor	mation given to obt	ain this refu	nd is true and c	orrect."		
_	Wallia ) Co	otiala	DOM:	Date: 1/	2/15	2
Requestor signature	: Grade C	Cochil	^		Sour	CaCa V
Printed name:	- OHEIIA (	USTILL	)	Title: () X	aciv	ic op
Any pei (2) Imprisonment up to o	rson knowingly submitting ne year, or fine not over \$2 the date of the pa;	,000, or both. (Se	ec 37.10 Penal Code)	nment of 2 to 10 year. An application for a to the refund (Sec. 3	a retund mu	) fine, or both. sst be made within 3 years after
TAX OFFICE Entry:	(X) REFUND APPROVE	D				,
Tax Office Approval:	Shooth				Date:	02/16/18
	Ans 2	114/18	>		Date:	
(Placed on City Council A	Agenda over \$2,500)					
( ) DISAPPROVED	•	) Returned to se		( ) See below/atta	sched.	
11	mentation (Tax Receipt, Ca		ank Statement, or Oti	her) not submitted.		
' '	payment not found on this					
	ound as identified, resubmi	t arter correction.	•			
( ) Other:	· · · · · · · · · · · · · · · · · · ·					
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#### THE CITY OF EL PASO **CONSOLIDATED TAX OFFICE** 221 N. Kansas, Suite 300 El Paso, Texas 79901 Phone (915) 212-0106, Fax (915) 212-0108

TAX OFFICE RECEIVED JAN 3 0 2018

### APPLICATION FOR TAX REFUND

Refund To: Corelogic (26)4(63)(5)  Phone: 81-L09.9-3488  HOME  WORK  Address (mail refund to:) Refund Dept:   Address (mail refund to:) Refund Dept:   Address: (mail refund to:) Refund Dept:   Address: (mail refund to:) Refund Dept:   Any Engan Dept: Any Property Address: Correct address: Correc		ated Tax Office collect			roperty taxing entit	ies Within Ei i	450733	
Refund To: COYE LOGIC  Phone: 81769-3488  HOME	APPLICANT MUST PR	OVIDE THE FOLLOV	VING INFOR	MATION:		Property		
Amenican Legal Description: 18 Alexander  Trying TX 75063 Funding 7+010 N 18'0F to 148849F+  Tax year Date payment Check No. & Date, if Amount of taxes Amount of refund requested: made: hown: paid: requested: made: hown: paid: requested: requested: hown: paid: requested: requested: hown: paid: requested: requested: hown: paid: requested: requested: paid: requested: paid: requested: hown: paid: requested: paid: paid: requested: paid: paid: requested: paid: paid: paid: requested: paid:	Refund To:	elogic (2624	[ <b>63</b> (5)	HOME		A46299917802600		
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requested: made: known: paid: requested:    A017								
TOTAL AMOUNT (sum of the above amounts)  (City Council approval required if over \$2,500)  REQUIRED: Copy of original receipt, front & back of negotiated check, OR bank statement showing item cleared (both the bank & taxpayer name must appear)  REASON FOR OVERPAYMENT:  EYYONEOUS PAYMENT:  EYYONEOUS PAYMENT:  EYYONEOUS PAYMENT:  COTTECT RATIO PROPERTY RANDY PONCE  COTTECT RATIO PONCE  COTTECT RATIO PONCE  COTTECT RATIO PONCE  Any person knowingly submitting lalse entries is subject to: (1) imprisonment up to one year, or fine not over \$2,000, or both. (\$20,210 Ponal Cody) An application for a refund must be made within 3 years after the date of the payment or the taxpayer waives the right to the refund (\$ec. 31.11 (c))  TAX OFFICE Entry:  (1) Required documentation (Tax Receipt, Canceled Check, Bank Statement, or Other) not submitted.  (1) Required documentation (Tax Receipt, Canceled Check, Bank Statement, or Other) not submitted.  (1) Required documentation (Tax Receipt, Canceled Check, Bank Statement, or Other) not submitted.  (1) Record of overpayment not found on this property.  (1) Property not found as identified, resubmit after correction.								
TOTAL AMOUNT (sum of the above amounts)  (City Council approval required if over \$2,500)  REQUIRED: Copy of original receipt, front & back of negotiated check, OR bank statement showing item cleared (both the bank & taxpayer name must appear)  REASON FOR OVERPAYMENT:  EYYONEOUS PAYMENT:  EYYONEOUS PAYMENT: Made on parcel A46299917803600 at Address 2321 STVAIN to property of Raindy Ponce  Coyrect Parcel: A46299917803100 at 2323 N St Vrain For Marjacavry  "I certify that information given to obtain this refund is true and correct."  Requestor signature: Office (I) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.  Any person knowingly submitting lalse entries is subject to: (I) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.  Any person knowingly submitting lalse entries is subject to: (I) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.  Any person knowingly submitting lalse entries is subject to: (I) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.  Any person knowingly submitting lalse entries is subject to: (I) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.  Any person knowingly submitting lalse entries is subject to: (I) Imprisonment of 2 to 10 years, or \$5,000 fine, or both.  Any person knowingly submitting to the taxpayer waives the right to the refund (Sec. 31.11 (c)).  TAX OFFICE Entry:  (Y REFUND APPROVED  () Returned to sender.  () See below/attached.  () Record of overpayment not found on this property.  () Property not found as identified, resubmit after correction.					\$7.879.0	0 87	879.00	
City Council approval required if over \$2,500)  REQUIRED: Copy of original receipt, front & back of negotiated check, OR bank statement showing item cleared (both the bank & taxpayer name must appear)  REASON FOR OVERPAYMENT:  EYYOPOUS PAYMENT:  EYYOPOUS PAYMENT:  Address 2321 STYAIN to Property of Randy Ponce  Cor fect Parcel & A462999 17803100 at 2323 N Styrain For Mariacarm Cor fect Parcel & A462999 17803100 at 2323 N Styrain For Mariacarm Cor fect Parcel & A462999 17803100 at 2323 N Styrain For Mariacarm Cor fect Parcel & A46299 17803100 at 2323 N Styrain For Mariacarm Cor fect Parcel & A46299 17803100 at 2323 N Styrain For Mariacarm Cor fect Parcel & A46299 17803100 at 2323 N Styrain For Mariacarm Cor fect Parcel & A46299 17803100 at 2323 N Styrain For Mariacarm Cor fect Parcel & A46299 17803100 at 2323 N Styrain For Mariacarm Transfer Mariacarm Cor fect Information given to obtain this refund is true and correct."  Requestor signature:  OFEIO OSTILIO  Any person knowingly submitting false entries is subject to: (1) impresonment of 2 to 10 years, or \$5,000 fine, or both.  Any person knowingly submitting false entries is subject to: (1) impresonment of 2 to 10 years, or \$5,000 fine, or both.  (2) imprisonment up to one year, or fine not over \$2,000, or both. (Sec 37.10 Fenal Code) An application for a refund must be made within 3 years after the date of the payment or the taxpayer waives the right to the refund (Sec. 31.11 (c)).  TAX OFFICE Entry:  (3) Date:  Date:  Date:  O3 1/5/18  Date:  O3 1/5/18  Date:  O4 1/5/18  Date:  O7 1/5/18	2.	1-71-1						
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# MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR 221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

UNION AVENUE LLC 420 S KENAZO EL PASO, TX 79928

Geo No. A765-999-006B-0218

Prop ID 50004

Legal Description of the Property 6 ASCARATE 2-A-3 (2.971 AC), 2-S-2-C (0.0122 AC),2-S(1.061 AC),2-S-2-A-1 (0.0273 AC), 2-S-2-C-1 (0.0008

AC),2-S-2-B (0.904 AC), & 2-S-2-D (0.052 AC) (5.0394 AC) 1212 LAFAYETTE DR

OWNER: EL PASO ROADRUNNER RV PARK LLC

2017 OVERAGE AMOUNT \$24,877.65

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL PASO

#### Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

#### APPLICATION FOR PROPERTY TAX REFUND

Step 1. Identify the refund	Who should the refund be issued to:								
recipient. Show information for whomever will be receiving	Name: Timothy J Wilson (2623 4361) Address: 420 C Kings								
the refund.	Address: 420 S. Kenazo City, State, Zip: E   Paso   Tx 79928								
	Daytime Phone No.: 915-727-1979 E-Mail Address: July Son Coronate Dam								
Step 2. Provide payment information.	Payment made by: Check No. Date Paid Amount Paid								
Please attach copies of cancelled checks, bank	United Bank e-check 1/31/18 24,877.65								
statement or original receipts for all cash payments you made									
Step 3. Provide reason for this refund.	Please check one of the following:								
rnis retung. Please list any accounts and/or	I paid this account in error and I am entitled to the refund.								
years that you intended to pay	I overpaid this account. Please refund the excess to the address listed in Step 1.								
with this overage.	I want this payment applied to next year's taxes.								
2	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):								
Step 4. Sign the form. Unsigned applications cannot be processed.	guilty of a Class Amidemeanor or a state jail felony under the Texas Penal Code, Sec. 37.10.)								
2/ velis	SIGNATURE OF REQUESTOR (REQUIRED)  PRINTED NAME & DATE    Spin   Spin								
TAX OFFICE USE ONLY:	Approved Denied By: Doctor Date: 02/08/18								
This application must be countried									

§a Deposit Status Notes Go To SHERRYB ACT80122 v1.89 02/08/2018 17:01:09 ACTEP DEPOSIT Remittance Detail **Summary Query** Summary Deposit No. Account No. Remit Seq No. Check No. **Payment Amount** Payment Agreement No. EC01311898 A765999006B0218 Remit **Applied Transaction** Account Check Deposit Payer lmage No. Date No. Amount, Type No. Seq No. Amount 26150610-UNION AVENU EC01311898 01/31/2018 37530805 CC001935315 V EC \$24,877.65 \$24,877.65 LG A76599900680218 \$24,877.65 PA A76599900680218 26150565-EL PASQ ROA EC01311898 01/31/2018 37530760 \$24,877,65 A11281673 11/28/2016 33081101 15017162 CH \$24,453.72 \$24,453.72 PA A765999006B0218 1495453-STEWART TITLE EC06141688 08/13/2016 32372849 CC001334904 EC \$4,000.00 \$4,000.00 PA A765999006B0218 24734882-EL PASO ROA 06/13/2016 32371238 CC001334893 CR \$13,586.09 24734472-TMOTHY WILS P06151668 \$13,586.09 PA A765999006B0218 СН PA A765999006B0218 EL PASO ROADRUNNER A05021673 05/02/2016 32215629 1000000104 \$5,000.00 \$5,000.00 BYRD JOANNE M A12151465 12/15/2014 27276912 20669 ĊН \$23,860.64 \$23,860.64 PA A76599900680218 СН \$23,508.71 X1218131002 12/18/2013 24468365 20285 \$23,508.71 PA A765999006B0218 BYRD JOANNE M X1221121006 12/21/2012 21942961 19869 CH \$22,508.96 \$22,508.96 PA A765999006B0218 BYRD JOANNE M X1021111001 10/21/2011 18898457 19348 CH \$21,308.92 \$21,308.92 PA A765999006B0218 BYRD JOANNE M X1104101002 11/04/2010 16725687 18863 СН \$18,780.95 \$18,780.95 PA A765999006B021B BYRD JOANNE M X1123092001 11/23/2009 14640147 18410 CH \$22,263.11 \$17,739.96 PA A76599900680218 BYRD JOANNE M 5 Applied Total \$407,602.94 Par Section To be hela Lest Payer (1 Last Payment Date 86.358,976\$ \$219,935,96 sistoT TA TTE ASS BC.681,52 100.8 00.2 00.2 00 \$ 00 \$ 00 \$ 00'\$ 00'\$ 36 6ET T18 96'662'41\$ 216,2888 6002 248,780.95 \$112,329 00'\$ 00'\$ 00'\$ 00.2 00.2 26.087,812 0102 2 00 2 00 00 \$ 00'\$ 00.2 Z6'80E'1Z\$ 221,308,92 078,1082 2011 00'\$ 00'\$ 00 \$ 00'\$ 2.00 \$22,508.96 \$22,508.96 **2832,517** SIOZ 00.8 2.00 00 \$ 00.2 00.8 \$23,508.71 17.802,558 \$636,533 SLOZ 00'\$ 00'\$ \$23,860.64 \$23,860,64 \$16'EE8\$ \*10Z 00'\$ 00.2 00'\$ 62 694'2\$ 00'\$ 81,967,918 S46,6888 SLOZ 2.00 205 2.00 87.367,912 \$24,453.72 000'008\$ 9102 00 \$ 2 00 2.00 00.2 00.2 **27.625.72** 2600,000 2017 224,817.65 00 \$ 20 ME 652 00.2 00 S 00 \$ 224 BTT 65 Paid Levy Write-Off Remaining Levy CASC LOVY Year Gross Value H O V D 2004 auCl truon Refund notisemolal bisflaud InnomA 810S\80\S0 | 000 muomA | 10 E8 Remove Fees Countywide AG MCLUDED Multi Select CAD No. 50004 Rec Type **90 STT3YA3A**J Percel Address 1212 S 1008 Year Certified Owner EL PASO ROADRUNNER RV PARK LLC List of Tax Units ROII COde REAL PROPERT Account No. A755-999-0068-0212 **Jay XaT** Tax Unit Description Account information Tax Unit, Yr, Rec. Type stinu xsT Summary Expand Fees STATUS DETAIL **VCTEP** ACT8006 V1.284 02/08/2018 17:00:57 SHERRYB Prey Acc... Hext Acc... Prey Owner Hext Owner Acc History Acc Summary Indica Bosuments :0T 0Đ Strain Status



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TAX O

### MARIA O. PASILLAS, RTA CITY OF EL PASO TAX ASSESSOR COLLECTOR

FEB 1 6 2018

221 N. KANSAS, STE 300 EL PASO, TX 79901 PH: (915) 212-0106 FAX: (915) 212-0107 www.elpasotexas.gov/tax-office

FIRST SAVINGS BANK 520 S GOLD P.O. BOX 1678 **DEMING, NM 88031-0000** 

Prop ID Geo No. E131-999-0080-6700 106836

#### Legal Description of the Property

8 EASTSIDE INDUSTRIAL DIST 86 TO 88 & E 25 FT OF 83 & W 10 FT OF 89 (93724.60 SQ FT)

6999 MARKET AVE

OWNER: LLARENA DAVID

2017 OVERAGE AMOUNT \$7,939.76

1: CITY OF EL PASO, 5: YSLETA ISD, 6: COUNTY OF EL PASO, 7: EL PASO COMMUNITY COLLEGE, 8: UNIVERSITY MEDICAL CENTER OF EL **PASO** 

#### Dear Taxpayer:

Our records indicate that an overpayment exists on the property tax account listed above as of the date of this letter. If you paid the taxes on this account and believe you are entitled to a refund, please complete the application below, sign it, and return it to our office. If the taxes were paid by your mortgage/title company or any other party, you must obtain a written letter of release in order for the refund to be issued in your name. If you did not make the payment(s) on this account, please forward this letter to the person who paid these taxes. You may also request the transfer of this overpayment to other tax accounts and/or tax years in the space provided or by attaching an additional sheet if necessary. Your application for refund must be submitted within three years from the date of the overpayment, or you waive the right to the refund (Sec. 31.11c). Governing body approval is required for refunds in excess of \$2500.

Step 1. Identify the refund	Who should the refund be issued to:								
recipient. Show information for whomever will be receiving	Name	First Sav	ings Bank	127/					
	Addre		h Gold Ave.						
the refund.	City, S	State, Zip: Demdrg, 1	MM 88030						
38 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Daytii	me Phone No.: 575-5	46-2707	E-Mail Address:					
Step 2. Provide payment	Payme	ent made by:	Check No.	Date Paid	Amount Paid				
information. Please attach copies of ancelled checks, bank	Fire	st Savings Bank	1640759	1/23/18	37,481.98				
tatement or original receipts or all cash payments you made		TOTAL	37,481.98						
tep 3. Provide reason for	TOTAL AMOUNT PAID (sum of the above amounts) 37,481,98 Please check one of the following:								
his refund.		I paid this account in error	r and I am entitled to the refu	und.	***				
Please list any accounts and/or years that you intended to pay	XX	I overpaid this account. P	lease refund the excess to the	e address listed in Ste	ep 1.				
with this overage.		I want this payment applie	ed to next year's taxes.						
	This payment should have been applied to other tax account(s) and/or year(s), escrow (listed below):								
Step 4. Sign the form. Unsigned applications cannot be processed.	have g guilty SIGN	given on this form is true an of a Class A misdemeanor ATURE OF REQUESTOR	d correct. ( If you make a fa or a state jail felony under t (REQUIRED)	alse statement on this the Texas Penal Code PRINTED NAME &	DATE				
J'A19118	B	inda Richi	ls I	Winda Nic	2-13-18				
TAX OFFICE USE ONLY:		Approved Denied	By Sheet	Date:	02/16/18				

v Notes Go To: SHERRYB 02/16/2018 17:27:25 ACT80122 v1.89 DEPOSIT Remittance Detail Summary Query Summary Remit Seq No. Deposit No. Account No. Check No. **Payment Amount** Payment Agreement No. B02011865 E13199900806700 Remit Check Deposit Payment Payment Applied Transaction Account Payer nage No. Date Seq No. No. Amount Amount Type No. 24702466-LLARENA DAV RD2912442 CH \$7,395.57- RD E13199900806700 01/31/2018 35087476 0000208851 \$7,395.57-LG E13199900806700 802011865 01/30/2018 1640782 17,092.37 7708-FIRST SAVINGS BA 37560502 GH. \$7,939,76 802011865 01/30/2018 37560500 1640741 СН \$19,327.73 \$15,125.10 AA E13199900806700 7706-FIRST SAVINGS BA B02011865 01/30/2018 37560499 1640742 СН \$3,990.08 \$3,990.08 AA E13199900806700 7706-FIRST SAVINGS BA 01/30/2018 37560498 B02011885 1640743 ÇН \$5,126.44 \$5,126.44 AA E13199900806700 7706-FIRST SAVINGS BA B02011865 01/30/2018 37560497 1640761 СН \$1,275.12 \$1,275.12 AA E13199900806700 7706-FIRST SAVINGS BA 01/30/2018 37560496 1640745 CH B02011865 \$595,32 \$595.32 AA E13199900806700 7706-FIRST SAVINGS BA 802011865 01/30/2018 37560495 1640746 СН \$16,652.48 \$3,430.16 AA E13199900806700 7706-FIRST SAVINGS BA 01/31/2017 35087476 3523 CH PA E13199900806700 A03161775 \$34,206.77 \$34,206.77 LLARENA DAVID RC180119 01/31/2017 35087476 3523 CH \$7,395.57 \$7,395.57 TR E13199900806700 24702466-LLARENA DA\ RC180119 01/31/2017 35087476 3523 СН \$7,395.57-\$7,395.57- TR E13199900806700 LLARENA DAVID RF180119 01/31/2017 35087476 3523 СН \$0.00 \$0.00 DA E13199900806700 LLARENA DAVID E \$394,135.23 Applied Total (3) Suge 2 D Mert Lest Payer ast Payment Date 00.2 97.656,7\$ \$288,196.47 117961 995\$ 00'\$ 00.2 00.2 SIMPLE \$ 00. 2.00 00'\$ 2'00 00'\$ \$25,956,73 \$25,956,73 119'000'15 2 00 2.00 2'00 00'\$ 00 \$ 87.034.352 87.034,352 119'500'1\$ 2010 2,00 2.00 00'\$ 00'\$ 00 \$ 10.078,858 10.078,852 119,000,12 2011 2.00 00.8 00'\$ 00'\$ 00 \$ \$27,134.86 \$27,134.86 119,000,12 SLOS 2.00 00.8 2.00 2.00 00.4 59.667,168 \$31,793.65 ME,131,344 2013 2'00 00'\$ 00 \$ 2.00 00 \$ \$32,370.94 \$32,370.94 ME, TET, T& 1102 00'\$ 00'\$ 00'\$ 2.00 2 00 78.110,6SE 19.110.622 2010,426 5012 2 00 \$ 00 2.00 00'\$ 00.8 226,811,20 226,811,20 V 000,0268 2016 DI 666 18 CC 275 628 2.00 00'5 00 E 00'8 22 219 628 000'056\$ ZUOZ G V O H suleV ason 1889 SUC INNORMA Hefund 2001 Paid Levy Write-Off Remaining Levy RESC LOVY S105/81/20 aud incomA AG NCLUDED Remove Fees Countywide Mnin Select CAD No. 106836 Rec. Type 399904990F **3VA T3XRAM** Parcel Address | 6999 SIL 5008 1008 Year CITAGO ANSRAJJ NAMO DARRIDO Elinu xaT to tal. Roll Code REAL PROPERT DUN XB1 0029-0200-665-1613 Account No. Tax Unit Description Tax Unit, Yr, Rec. Type Recount Interest Arwwns Expand Fees JIATED SUTATS ACTEP VC18006 A1.284 02/16/2018 17:26:53 SHERRYB Go To: Prey Acc... Mext Acc... Prey Owner Next Owner Acct Batory Acct Summery Botes Bocuments autata Innocci 🖫

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