

TCEQ DOCKET NO. 2020-8875-IHW-E

**EXECUTIVE DIRECTOR OF
THE TEXAS COMMISSION ON
ENVIRONMENTAL QUALITY,
Petitioner**

VS.

**ANN RIDLEHUBER,
Respondent**

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**BEFORE THE

TEXAS COMMISSION ON

ENVIRONMENTAL QUALITY**

**ANN RIDLEHUBER’S MOTION FOR EXTENSION OF TIME
TO FILE AMENDED MOTION FOR REHEARING
AND REPLY TO EXECUTIVE DIRECTOR’S RESPONSE**

Now comes Ann Ridlehuber, by and through her temporary guardian, Madison Ridlehuber, and would show as follows:

1. On August 24, 2022, the Texas Commission on Environmental Quality (the TCEQ) issued a Default Order against Ann Ridlehuber.
2. Ann Ridlehuber has dementia and cannot take care of her financial affairs. She has been living in an assisted living facility or nursing home for almost a year. Due to her impaired cognitive state, Ann Ridlehuber has no personal knowledge of these proceedings.
3. Madison Ridlehuber, a granddaughter of Ann Ridlehuber, learned of the Default Order when a court appointed guardian ad litem checked Ann Ridlehuber’s mailbox and found the letter dated August 29, 2022 sent to Ann Ridlehuber regarding the Default Order and forwarded it to her.
4. Madison Ridlehuber was appointed temporary guardian of Ann Ridlehuber by order dated July 1, 2022.
5. Madison Ridlehuber filed a Request/Motion to Set Aside Default Order on September 7, 2022.
6. On September 14, 2022, General Counsel for TCEQ issued a letter extending the time for the Commission to act on Madison Ridlehuber’s Motion until December 5, 2022. This letter also encouraged the Executive Director of the Office of Public Interest Counsel to file a response brief on or before September 30, 2022 and provided that the Movant may file a reply brief on or before October 14, 2022.
7. On September 30, 2022, the Executive Director of the TCEQ filed the Executive Director’s Response to Madison Ridlehuber’s Motion for Rehearing.

8. Ann Ridlehuber is not able to assist in her response to the allegations of the TCEQ, and Madison Ridlehuber, temporary guardian of Ann Ridlehuber, lacks personal knowledge of the matters alleged by the TCEQ. In the interest of fairness and due process, Madison Ridlehuber, as temporary guardian of Ann Ridlehuber, requires additional time to discern the information set forth by the state and to make a reply to the allegations of the TCEQ.

9. Accordingly, Ann Ridlehuber hereby requests an extension of 30 days to November 14, 2022, to file an Amended Motion for Rehearing and a reply brief in response to the Executive Director's response.

Respectfully submitted,



James Rainey
State Bar of Texas No. 00791473
Rainey & Rainey, Attorneys at Law
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Waco, Texas 76710
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CERTIFICATE OF SERVICE

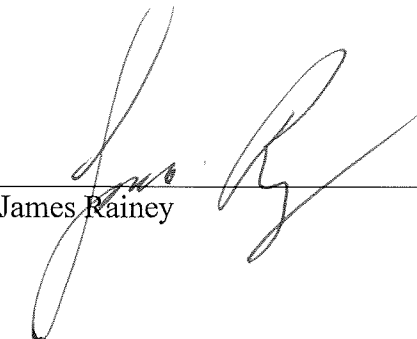
I certify that on this 14th day of October, 2022, a copy of Ann Ridlehuber's Motion for Extension to File Amended Motion for Rehearing and Reply to Executive Director's Response was sent to the following persons by the methods indicated:

Taylor Pearson
Litigation Division, MC 175
Texas Commission on Environmental Quality
P.O. Box 13087
Austin, Texas 78711-3087
Email: Taylor.pearson@tceq.texas.gov

Via E-Mail

Sheldon Wayne
Office of Public Interest Counsel, MC 103
Texas Commission on Environmental Quality
P.O. Box 13087
Austin, Texas 78711-3087
Email: Sheldon.Wayne@tceq.texas.gov

Via E-Mail



James Rainey

PHYSICIAN'S CERTIFICATE OF MEDICAL EXAMINATION
Revision March 2017

In the Matter of the Guardianship of
Ruth Ann Ridlehuber
an Alleged Incapacitated Person

For Court Use Only

Court Assigned: _____

To the Physician

This form is to enable the Court to determine whether the individual identified above is incapacitated according to the legal definition (on page 4), and whether that person should have a guardianship appointed.

1. General Information

Physician's Name Nicholas Schwedock Phone: (254)

Office Address 7111 Bosque Blvd Ste 303
Waco Tex 76710

YES NO I am a physician currently licensed to practice in the State of Texas.

Proposed Ward's Name Ruth Ann Ridlehuber
Date of Birth 08/08/1942 Age 79 Gender M F

Proposed Ward's Current Residence: The Blake at Waco
5901 Crosslake Pkwy, Waco Texas 76712

I last examined the Proposed Ward on 3-4, 2022 at

a Medical facility the Proposed Ward's residence Other: _____

YES NO The Proposed Ward is under my continuing treatment.

YES NO Before the examination, I informed the Proposed Ward that communications with me would not be privileged.

YES NO A mini-mental status exam was given. If "YES," please attach a copy.

2. Evaluation of the Proposed Ward's Physical Condition

Physical Diagnosis: Dementia - Alzheimer / THYROID CANCER

a. Severity: Mild Moderate Severe

b. Prognosis: Poor

c. Treatment/Medical History: Medication for Dementia + Mood / NO treatment for cancer

3. Evaluation of the Proposed Ward's Mental Functioning

Mental Diagnosis: Dementia, Agitation, Psychosis

a. Severity: Mild Moderate Severe

b. Prognosis: Poor

c. Treatment/Medical History: Meds for Dementia + Mood

If the mental diagnosis includes dementia, answer the following:

YES NO -- It would be in the Proposed Ward's best interest to be placed in a secured facility for the elderly or a secured nursing facility that specializes in the care and treatment of people with dementia.

YES NO -- It would be in the Proposed Ward's best interest to be administered medications appropriate for the care and treatment of dementia.

YES NO -- The Proposed Ward currently has sufficient capacity to give informed consent to the administration of dementia medications.

d. Possibility for Improvement:

YES NO -- Is improvement in the Proposed Ward's physical condition and mental functioning possible?

PHYSICIAN'S CERTIFICATE OF MEDICAL EXAMINATION
 Revision March 2017

If "YES," after what period should the Proposed Ward be reevaluated to determine whether a guardianship continues to be necessary?

4. Cognitive Deficits

a. The Proposed Ward is oriented to the following (check all that apply):
 Person Time Place Situation

b. The Proposed Ward has a deficit in the following areas (check all areas in which the Proposed ward has a deficit):

- Short-term memory
- Long-term memory
- Immediate recall
- Understanding and communicating (verbally or otherwise)
- Recognizing familiar objects and persons
- Solve problems
- Reasoning logically
- Grasping abstract aspects of his or her situation
- Interpreting idiomatic expressions or proverbs
- Breaking down complex tasks down into simple steps and carrying them out

c. YES NO -- The Proposed Ward's periods of impairment from the deficits indicated above (if any) vary substantially in frequency, severity, or duration.

5. Ability to Make Reasonable Decisions

Is the Proposed Ward able to initiate and make responsible decisions concerning himself or herself regarding the following:

- YES NO -- Make complex business, managerial, and financial decisions
- YES NO -- Manage a personal bank account
- If "YES," should amount deposited in any such bank account be limited? YES NO
- YES NO -- Safely operate a motor vehicle
- YES NO -- Vote in a public election
- YES NO -- Make decisions regarding marriage
- YES NO -- Determine the Proposed Ward's own residence
- YES NO -- Administer own medications on a daily basis
- YES NO -- Attend to basic activities of daily living (ADLs) (e.g., bathing, grooming, dressing, walking, toileting) with supports and services
- YES NO -- Attend to instrumental activities of daily living (e.g., shopping, cooking, traveling, cleaning)
- YES NO -- Consent to medical and dental treatment at this point going forward
- YES NO -- Consent to psychological and psychiatric treatment at this point going forward

6. Developmental Disability

YES NO -- Does the Proposed Ward have developmental disability?

If "NO," skip to number 7 on page 4.

If "YES," answer the following question and look at the next page.

Is the disability a result of the following? (check all that apply)

- YES NO -- Intellectual Disability?
- YES NO -- Autism?
- YES NO -- Static Encephalopathy?
- YES NO -- Cerebral Palsy?

PHYSICIAN'S CERTIFICATE OF MEDICAL EXAMINATION

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- YES NO --- Down Syndrome?
 YES NO --- Other? Please explain _____

Please answer the questions in the box below only if both of the following are true:

- (1) The basis of a proposed ward's alleged incapacity is intellectual disability.
and
 (2) You are making a "Determination of Intellectual Disability" in accordance with rules of the executive commissioner of the Health and Human Services Commission governing examinations of that kind.

If you are not making such a determination, please skip to number 7 on the next page.

"DETERMINATION OF INTELLECTUAL DISABILITY"

Among other requirements, a Determination of Intellectual Disability must be based on an interview with the Proposed Ward and on a professional assessment that includes the following:

- 1) a measure of the Proposed Ward's intellectual functioning;
- 2) a determination of the Proposed Ward's adaptive behavior level; and
- 3) evidence of origination during the Proposed Ward's developmental period.

As a physician, you may use a previous assessment, social history, or relevant record from a school district, another physician, a psychologist, a public agency, or a private agency if you determine that the previous assessment, social history, or record is valid.

1. Check the appropriate statement below. If neither statement is true, skip to number 7 on the next page.

I examined the proposed ward in accordance with rules of the executive commissioner of the Health and Human Services Commission governing Intellectual Disability examinations, and my written findings and recommendations include a determination of an Intellectual disability.

I am updating or endorsing in writing a prior determination of an intellectual disability for the Proposed Ward made in accordance with rules of the executive commissioner of the Health and Human Services Commission by a physician or psychologist licensed in this state or an authorized provider certified by the Health and Human Services Commission to perform the examination.

2. What is your assessment of the Proposed Ward's level of intellectual functioning and adaptive behavior?

<input type="checkbox"/> Mild (IQ of 50-55 to approx. 70)	<input type="checkbox"/> Moderate (IQ of 35-40 to 50-55)
<input type="checkbox"/> Severe (IQ of 20-25 to 35-40)	<input type="checkbox"/> Profound (IQ below 20-25)

3. YES NO --- Is there evidence that the intellectual disability originated during the Proposed Ward's developmental period?

Note to attorneys: If the above box is filled out because a determination of intellectual disability has been made in accordance with rules of the executive commissioner of the Health and Human Services Commission governing examinations of that kind, a Court may grant a guardianship application if (1) the examination is made not earlier than 24 months before the date of the hearing or (2) a prior determination of an intellectual disability was updated or endorsed in writing not earlier than 24 months before the hearing date. If a physician's diagnosis of intellectual disability is not made in accordance with rules of the executive commissioner -- and the above box is not filled out -- the court may grant a guardianship application only if the Physician's Certificate of Medical Examination is based on an examination the physician performed within 120 days of the date the application for guardianship was filed. See Texas Estates Code § 1101.104(1).

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7. Definition of Incapacity

For purposes of this certificate of medical examination, the following definition of incapacity applies:

An "Incapacitated Person" is an adult who, because of a physical or mental condition, is substantially unable to: (a) provide food, clothing, or shelter for himself or herself; (b) care for the person's own physical health; or (c) manage the person's own financial affairs. Texas Estates Code § 1002.017.

8. Evaluation of Capacity

YES NO -- Based upon my last examination and observations of the Proposed Ward, it is my opinion that the Proposed Ward is incapacitated according to the legal definition in section 1002.017 of the Texas Estates Code, set out in the box above.

If you indicated that the Proposed Ward is incapacitated, indicate the level of incapacity:

- Total ----- The Proposed Ward is totally without capacity (1) to care for himself or herself and (2) to manage his or her property.
- Partial ----- The Proposed Ward lacks the capacity to do some, but not all, of the tasks necessary to care for himself or herself or to manage his or her property.

If you indicated the Proposed Ward's incapacity is partial, what specific powers or duties of the guardian should be limited if the Proposed Ward receives supports and services?

N/A

If you answered "NO" to all of the questions regarding decision-making in Section 5 (on page 2) and yet still believe the Proposed Ward is partially incapacitated, please explain:

N/A

If you answered "YES" to any of the questions regarding decision-making in Section 5 (on page 2) and yet still believe the Proposed Ward is totally incapacitated, please explain:

N/A

9. Ability to Attend Court Hearing

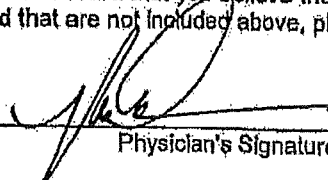
- YES NO -- The Proposed Ward would be able to attend, understand, and participate in the hearing.
- YES NO -- Because of the Proposed Ward's incapacities, I recommend that the Proposed Ward not appear at a Court hearing.
- YES NO -- Does any current medication taken by the Proposed Ward affect the demeanor of the Proposed Ward or his or her ability to participate fully in a court proceeding?

10. What is the least restrictive placement that you consider is appropriate for the Proposed Ward:

- Nursing home level of care
- Group Home
- Own Home or with family
- Assisted Living Facility
- Memory care unit
- Other _____

PHYSICIAN'S CERTIFICATE OF MEDICAL EXAMINATION
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11. **Additional Information of Benefit to the Court:** If you have additional information concerning the Proposed Ward that you believe the Court should be aware of or other concerns about the Proposed Ward that are not included above, please explain on an additional page.



Physician's Signature

3-4-22

Date

Nick Schwedak MD

Physician's Name Printed


J8762

License Number

Ruth Ann Piddlehuber 8/8/1942

3/4/2022

STANDARDIZED MINI-MENTAL STATE EXAMINATION (SMMSE)

	QUESTION	TIME ALLOWED	SCORE
1	a. What year is this?	10 seconds	0 /1
	b. Which season is this?	10 seconds	0 /1
	c. What month is this?	10 seconds	0 /1
	d. What is today's date?	10 seconds	0 /1
	e. What day of the week is this?	10 seconds	0 /1
2	a. What country are we in?	10 seconds	0 /1
	b. What province are we in?	10 seconds	0 /1
	c. What city/town are we in?	10 seconds	0 /1
	d. IN HOME - What is the street address of this house? IN FACILITY - What is the name of this building?	10 seconds	0 /1
	e. IN HOME - What room are we in? IN FACILITY - What floor are we on?	10 seconds	0 /1
3	SAY: I am going to name three objects. When I am finished, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. Say the following words slowly at 1-second intervals - ball/ car/ man	20 seconds	1 /3
4	Spell the word WORLD. Now spell it backwards.	30 seconds	0 /5
5	Now what were the three objects I asked you to remember?	10 seconds	0 /3
6	SHOW wristwatch. ASK: What is this called?	10 seconds	1 /1
7	SHOW pencil. ASK: What is this called?	10 seconds	1 /1
8	SAY: I would like you to repeat this phrase after me: No ifs, ands or buts.	10 seconds	0 /1
9	SAY: Read the words on the page and then do what it says. Then hand the person the sheet with CLOSE YOUR EYES on it. If the subject reads and does not close their eyes, repeat up to three times. Score only if subject closes eyes	10 seconds	0 /1
10	HAND the person a pencil and paper. SAY: Write any complete sentence on that piece of paper. (Note: The sentence must make sense. Ignore spelling errors)	30 seconds	0 /1
11	PLACE design, eraser and pencil in front of the person. SAY: Copy this design please.  Allow multiple tries. Wait until person is finished and hands it back. Score only for correctly copied diagram with a 4-sided figure between two 5-sided figures.	1 minute	0 /1
12	ASK the person if he is right or left-handed. Take a piece of paper and hold it up in front of the person. SAY: Take this paper in your right/left hand (whichever is non-dominant), fold the paper in half once with both hands and put the paper down on the floor. Score 1 point for each instruction executed correctly. Takes paper correctly in hand Folds it in half Puts it on the floor	30 seconds	0 /1 0 /1 0 /1
TOTAL TEST SCORE			3 /30

Note: This tool is provided for use in British Columbia with permission by Dr. William Malloy. This questionnaire should not be further modified or reproduced without the written consent of Dr. D. William Malloy.

Provided by the Alzheimer's Drug Therapy Initiative for physician use.

EXHIBIT B

Handwritten signature

Hill CAD

Property Search > 134327 ESTRADA MIGUEL for Year 2022 Tax Year: 2022

Property

Account

Property ID:	134327	Legal Description:	ROSE HILL ADDN BLK 8 LT 1, 2, 13A & 14A
Geographic ID:	11618-04000-00080-001000	Zoning:	
Type:	Real	Agent Code:	
Property Use Code:			
Property Use Description:			

Location

Address:	718 ABBOTT AVE HILLSBORO, TX 76645	Mapsco:	COMMCHI
Neighborhood:	HILLSBORO CITY PT COMM	Map ID:	
Neighborhood CD:	1611		

Owner

Name:	ESTRADA MIGUEL	Owner ID:	2386132
Mailing Address:	PO BOX 22 MILFORD, TX 76620	% Ownership:	100.0000000000%

Exemptions:

Values

(+) Improvement Homesite Value:	+	\$0	
(+) Improvement Non-Homesite Value:	+	\$49,630	
(+) Land Homesite Value:	+	\$0	
(+) Land Non-Homesite Value:	+	\$26,350	Ag / Timber Use Value
(+) Agricultural Market Valuation:	+	\$0	\$0
(+) Timber Market Valuation:	+	\$0	\$0

(=) Market Value:	=	\$75,980	
(-) Ag or Timber Use Value Reduction:	-	\$0	

(=) Appraised Value:	=	\$75,980	
(-) HS Cap:	-	\$0	

(=) Assessed Value:	=	\$75,980	

Taxing Jurisdiction

Owner: ESTRADA MIGUEL
 % Ownership: 100.0000000000%
 Total Value: \$75,980

Entity	Description	Tax Rate	Appraised Value	Taxable Value	Estimated Tax
CAD	HILL COUNTY APPRAISAL DISTRICT	0.000000	\$75,980	\$75,980	\$0.00

CHI	CITY OF HILLSBORO	0.806400	\$75,980	\$75,980	\$612.71
GHI	HILL COUNTY	0.389494	\$75,980	\$75,980	\$295.94
JCH	HILL COLLEGE	0.080530	\$75,980	\$75,980	\$61.19
RDL	LATERAL ROAD	0.069685	\$75,980	\$75,980	\$52.95
SHI	HILLSBORO ISD	1.260300	\$75,980	\$75,980	\$957.58
Total Tax Rate:		2.606409			
				Taxes w/Current Exemptions:	\$1,980.37
				Taxes w/o Exemptions:	\$1,980.37

Improvement / Building

Improvement #1: Commercial **State Code:** F1 **Living Area:** 7200.0 sqft **Value:** \$49,630

Type	Description	Class CD	Exterior Wall	Year Built	SQFT
MA	MA	WH1-		1932	7200.0

Land

#	Type	Description	Acres	Sqft	Eff Front	Eff Depth	Market Value	Prod. Value
1	COMM	Commercial	0.4608	20072.45	0.00	0.00	\$26,350	\$0

Roll Value History

Year	Improvements	Land Market	Ag Valuation	Appraised	HS Cap	Assessed
2023	N/A	N/A	N/A	N/A	N/A	N/A
2022	\$49,630	\$26,350	0	75,980	\$0	\$75,980
2021	\$46,820	\$26,350	0	73,170	\$0	\$73,170
2020	\$38,270	\$26,350	0	64,620	\$0	\$64,620
2019	\$37,580	\$26,350	0	63,930	\$0	\$63,930
2018	\$37,130	\$26,350	0	63,480	\$0	\$63,480
2017	\$27,500	\$21,080	0	48,580	\$0	\$48,580
2016	\$27,500	\$21,080	0	48,580	\$0	\$48,580
2015	\$25,700	\$21,080	0	46,780	\$0	\$46,780
2014	\$24,480	\$13,930	0	38,410	\$0	\$38,410
2013	\$23,310	\$13,930	0	37,240	\$0	\$37,240
2012	\$23,310	\$13,930	0	37,240	\$0	\$37,240
2011	\$22,970	\$13,930	0	36,900	\$0	\$36,900
2010	\$22,970	\$13,930	0	36,900	\$0	\$36,900
2009	\$22,970	\$13,930	0	36,900	\$0	\$36,900


Deed History - (Last 3 Deed Transactions)

#	Deed Date	Type	Description	Grantor	Grantee	Volume	Page	Deed Number
1	1/4/2022	SD	SHERIFFS DEED	RIDLEHUBER HAROLD C EST	ESTRADA MIGUEL	2158	474	130577
2	7/9/2021	OT	Other	RIDLEHUBER HAROLD C	RIDLEHUBER HAROLD C EST	SEE IMAGES		
3	6/13/1997	WD	WARRANTY DEED	VIKING FREIGHT INC	RIDLEHUBER HAROLD C	938	073	004695



Tax Due

Property Tax Information as of 10/14/2022

Amount Due if Paid on: 

Year	Taxing Jurisdiction	Taxable Value	Base Tax	Base Taxes Paid	Base Tax Due	Discount / Penalty & Interest	Attorney Fees	Amount Due
2022	CITY OF HILLSBORO	\$75,980	\$612.71	\$0.00	\$612.71	\$0.00	\$0.00	\$612.71
2022	HILLSBORO ISD	\$75,980	\$957.58	\$0.00	\$957.58	\$0.00	\$0.00	\$957.58
	2022 TOTAL:		\$1570.29	\$0.00	\$1570.29	\$0.00	\$0.00	\$1570.29
	ESTRADA MIGUEL TOTAL:		\$1570.29	\$0.00	\$1570.29	\$0.00	\$0.00	\$1570.29
2020	CITY OF HILLSBORO	\$64,620	\$521.10	\$521.10	\$0.00	\$0.00	\$0.00	\$0.00
2020	HILLSBORO ISD	\$64,620	\$940.10	\$940.10	\$0.00	\$0.00	\$0.00	\$0.00
	2020 TOTAL:		\$1461.20	\$1461.20	\$0.00	\$0.00	\$0.00	\$0.00
2019	CITY OF HILLSBORO	\$63,930	\$515.53	\$515.53	\$0.00	\$0.00	\$0.00	\$0.00
2019	HILLSBORO ISD	\$63,930	\$901.35	\$901.35	\$0.00	\$0.00	\$0.00	\$0.00
	2019 TOTAL:		\$1416.88	\$1416.88	\$0.00	\$0.00	\$0.00	\$0.00
2018	CITY OF HILLSBORO	\$63,480	\$511.90	\$511.90	\$0.00	\$0.00	\$0.00	\$0.00
2018	HILLSBORO ISD	\$63,480	\$895.07	\$895.07	\$0.00	\$0.00	\$0.00	\$0.00
	2018 TOTAL:		\$1406.97	\$1406.97	\$0.00	\$0.00	\$0.00	\$0.00
2017	CITY OF HILLSBORO	\$48,580	\$391.75	\$391.75	\$0.00	\$0.00	\$0.00	\$0.00
2017	HILLSBORO ISD	\$48,580	\$684.98	\$684.98	\$0.00	\$0.00	\$0.00	\$0.00
	2017 TOTAL:		\$1076.73	\$1076.73	\$0.00	\$0.00	\$0.00	\$0.00
2016	CITY OF HILLSBORO	\$48,580	\$391.75	\$391.75	\$0.00	\$0.00	\$0.00	\$0.00
2016	HILLSBORO ISD	\$48,580	\$684.98	\$684.98	\$0.00	\$0.00	\$0.00	\$0.00
	2016 TOTAL:		\$1076.73	\$1076.73	\$0.00	\$0.00	\$0.00	\$0.00
2015	CITY OF HILLSBORO	\$46,780	\$377.23	\$377.23	\$0.00	\$0.00	\$0.00	\$0.00
2015	HILLSBORO ISD	\$46,780	\$659.60	\$659.60	\$0.00	\$0.00	\$0.00	\$0.00
	2015 TOTAL:		\$1036.83	\$1036.83	\$0.00	\$0.00	\$0.00	\$0.00
2014	CITY OF HILLSBORO	\$38,410	\$314.33	\$314.33	\$0.00	\$0.00	\$0.00	\$0.00
2014	HILLSBORO ISD	\$38,410	\$541.59	\$541.59	\$0.00	\$0.00	\$0.00	\$0.00
	2014 TOTAL:		\$855.92	\$855.92	\$0.00	\$0.00	\$0.00	\$0.00
2013	CITY OF HILLSBORO	\$37,240	\$304.74	\$304.74	\$0.00	\$0.00	\$0.00	\$0.00
2013	HILLSBORO ISD	\$37,240	\$525.08	\$525.08	\$0.00	\$0.00	\$0.00	\$0.00
	2013 TOTAL:		\$829.82	\$829.82	\$0.00	\$0.00	\$0.00	\$0.00
2012	CITY OF HILLSBORO	\$37,240	\$304.74	\$304.74	\$0.00	\$0.00	\$0.00	\$0.00
2012	HILLSBORO ISD	\$37,240	\$525.08	\$525.08	\$0.00	\$0.00	\$0.00	\$0.00
	2012 TOTAL:		\$829.82	\$829.82	\$0.00	\$0.00	\$0.00	\$0.00
2011	CITY OF HILLSBORO	\$36,900	\$301.97	\$301.97	\$0.00	\$0.00	\$0.00	\$0.00
2011	HILLSBORO ISD	\$36,900	\$520.29	\$520.29	\$0.00	\$0.00	\$0.00	\$0.00
	2011 TOTAL:		\$822.26	\$822.26	\$0.00	\$0.00	\$0.00	\$0.00
2010	CITY OF HILLSBORO	\$36,900	\$301.97	\$301.97	\$0.00	\$0.00	\$0.00	\$0.00
2010	HILLSBORO ISD	\$36,900	\$520.29	\$520.29	\$0.00	\$0.00	\$0.00	\$0.00
	2010 TOTAL:		\$822.26	\$822.26	\$0.00	\$0.00	\$0.00	\$0.00
2009	CITY OF HILLSBORO	\$36,900	\$301.97	\$301.97	\$0.00	\$0.00	\$0.00	\$0.00
2009	HILLSBORO ISD	\$36,900	\$520.29	\$520.29	\$0.00	\$0.00	\$0.00	\$0.00
	2009 TOTAL:		\$822.26	\$822.26	\$0.00	\$0.00	\$0.00	\$0.00
2008	CITY OF HILLSBORO	\$36,900	\$301.65	\$301.65	\$0.00	\$0.00	\$0.00	\$0.00
2008	HILLSBORO ISD	\$36,900	\$520.29	\$520.29	\$0.00	\$0.00	\$0.00	\$0.00
	2008 TOTAL:		\$821.94	\$821.94	\$0.00	\$0.00	\$0.00	\$0.00
2007	CITY OF HILLSBORO	\$34,750	\$279.70	\$279.70	\$0.00	\$0.00	\$0.00	\$0.00
2007	HILLSBORO ISD	\$34,750	\$489.98	\$489.98	\$0.00	\$0.00	\$0.00	\$0.00

	2007 TOTAL:		\$769.68	\$769.68	\$0.00	\$0.00	\$0.00	\$0.00
2006	CITY OF HILLSBORO	\$33,360	\$268.51	\$268.51	\$0.00	\$0.00	\$0.00	\$0.00
2006	HILLSBORO ISD	\$33,360	\$554.47	\$554.47	\$0.00	\$0.00	\$0.00	\$0.00
	2006 TOTAL:		\$822.98	\$822.98	\$0.00	\$0.00	\$0.00	\$0.00
2005	CITY OF HILLSBORO	\$66,270	\$501.80	\$501.80	\$0.00	\$0.00	\$0.00	\$0.00
2005	HILLSBORO ISD	\$66,270	\$1168.14	\$1168.14	\$0.00	\$0.00	\$0.00	\$0.00
	2005 TOTAL:		\$1669.94	\$1669.94	\$0.00	\$0.00	\$0.00	\$0.00
2004	CITY OF HILLSBORO	\$64,710	\$465.37	\$465.37	\$0.00	\$0.00	\$0.00	\$0.00
2004	HILLSBORO ISD	\$64,710	\$1137.60	\$1137.60	\$0.00	\$0.00	\$0.00	\$0.00
	2004 TOTAL:		\$1602.97	\$1602.97	\$0.00	\$0.00	\$0.00	\$0.00
2003	CITY OF HILLSBORO	\$59,230	\$413.83	\$413.83	\$0.00	\$0.00	\$0.00	\$0.00
2003	HILLSBORO ISD	\$59,230	\$1053.11	\$1053.11	\$0.00	\$0.00	\$0.00	\$0.00
	2003 TOTAL:		\$1466.94	\$1466.94	\$0.00	\$0.00	\$0.00	\$0.00
2002	CITY OF HILLSBORO	\$58,910	\$411.59	\$411.59	\$0.00	\$0.00	\$0.00	\$0.00
2002	HILLSBORO ISD	\$58,910	\$1058.62	\$1058.62	\$0.00	\$0.00	\$0.00	\$0.00
	2002 TOTAL:		\$1470.21	\$1470.21	\$0.00	\$0.00	\$0.00	\$0.00
2001	HILLSBORO ISD	\$58,037	\$1085.30	\$1085.30	\$0.00	\$0.00	\$0.00	\$0.00
	2001 TOTAL:		\$1085.30	\$1085.30	\$0.00	\$0.00	\$0.00	\$0.00
2000	HILLSBORO ISD	\$0	\$926.85	\$926.85	\$0.00	\$0.00	\$0.00	\$0.00
	2000 TOTAL:		\$926.85	\$926.85	\$0.00	\$0.00	\$0.00	\$0.00
1999	HILLSBORO ISD	\$0	\$926.85	\$926.85	\$0.00	\$0.00	\$0.00	\$0.00
	1999 TOTAL:		\$926.85	\$926.85	\$0.00	\$0.00	\$0.00	\$0.00
2021	CITY OF HILLSBORO	\$73,170	\$590.04	\$0.00	\$590.04	\$123.91	\$142.79	\$856.74
2021	HILLSBORO ISD	\$73,170	\$1045.31	\$0.00	\$1045.31	\$219.52	\$252.97	\$1517.80
	2021 TOTAL:		\$1635.35	\$0.00	\$1635.35	\$343.43	\$395.76	\$2374.54
	RIDLEHUBER HAROLD C TOTAL:		\$24021.34	\$24021.34	\$0.00	\$0.00	\$0.00	\$0.00
	RIDLEHUBER HAROLD C EST TOTAL:		\$1635.35	\$0.00	\$1635.35	\$343.43	\$395.76	\$2374.54
	GRAND TOTAL (ALL OWNERS):		\$27226.98	\$24021.34	\$3205.64	\$343.43	\$395.76	\$3944.83

NOTE: Penalty & Interest accrues every month on the unpaid tax and is added to the balance. Attorney fees may also increase your tax liability if not paid by July 1. If you plan to submit payment on a future date, make sure you enter the date and RECALCULATE to obtain the correct total amount due.

Questions Please Call (254) 582-2508