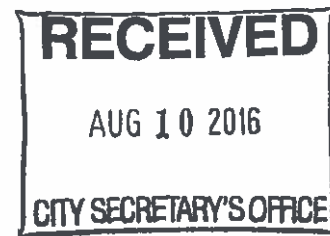


August 10, 2016

City of Corpus Christi & Board  
P.O. Box 9277  
Corpus Christi, TX 784699277



Re: Case No. 64065-010616  
1203 Sabinas, Lot 11, Block A, La Bahia

Dear Code Enforcement and City of Corpus Christi,

I'm writing to appeal the decision of the Board to the City Council and the City Secretary. The error that has occurred is that one or more of the parties responsible were not notified nor present at the time of the hearing. In addition, I'd like to inform that the reason I haven't kept up with the property is because of a Child Support Lien that had been in place. The petitioner kept telling me that she was removing the lien and never did. I reached out to the city, tax office, Attorney General and records but wasn't able to proceed until the lien was removed. I was finally notified that on February of this year, the lien was finally removed so now I'm ready to get the property onto my name alone and will take full responsibility for its taxes and maintenance. Please allow me time to get this finalized. I plan to have the house back to standards by December of 2016.

Sincerely,

A handwritten signature in blue ink, consisting of a series of loops and a long horizontal stroke extending to the right.

Adriana Jimenez, aka Adriana Orozco  
4657 Vail Street  
Corpus Christi, TX 78413  
361-765-0890

Enclosed Copy:

1. Attorney General Child Support Affidavit
2. Certificate of Death for Jose Raudel Orozco

# City of Corpus Christi, Texas

## Bureau of Vital Statistics

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) <b>JOSE RAUDEL OROZCO</b>				(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) <b>MARCH 24, 2012</b>													
3. SEX <b>MALE</b>	4. DATE OF BIRTH (mm-dd-yyyy) <b>JANUARY 28, 1960</b>	5. AGE-Last Birthday (Years) <b>52</b>	IF UNDER 1 YR MO _____ DAYS _____		IF UNDER 1 DAY HOURS _____ MIN _____		6. BIRTHPLACE (City & State or Foreign Country) <b>MEXICO</b>												
7. SOCIAL SECURITY NUMBER <b>458-83-1937</b>		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage)														
10a. RESIDENCE STREET ADDRESS <b>1203 SABINAS</b>				10b. APT. NO.	10c. CITY OR TOWN <b>CORPUS CHRISTI</b>														
10d. COUNTY <b>NUECES</b>		10e. STATE <b>TEXAS</b>		10f. ZIP CODE <b>78405</b>		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
11. FATHER'S NAME <b>ESTEBAN OROZCO</b>				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>MARIA CONCEPCION GUERRERO</b>															
13. PLACE OF DEATH (CHECK ONLY ONE)																			
IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)															
14. COUNTY OF DEATH <b>NUECES</b>		15. CITY/TOWN, ZIP CODE (If outside city limits, give precinct no) <b>CORPUS CHRISTI, 78405</b>			16. FACILITY NAME (If not institution, give street address) <b>CHRISTUS SPOHN HOSPITAL MEMORIAL</b>														
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>ADRIANA OROZCO-VELA - DAUGHTER</b>				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) <b>4657 VAIL, CORPUS CHRISTI, TX 78413</b>															
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)				20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>DAVID BARRERA JR. BY ELECTRONIC SIGNATURE-11042</b>		21. Section <b>58</b> (Unknown) Block _____ Lot _____ Space _____													
22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place) <b>MAXWELL P. DUNNE CREMATORY</b>				23. LOCATION (City/Town, and State) <b>CORPUS CHRISTI, TX</b>															
24. NAME OF FUNERAL FACILITY <b>MAXWELL P. DUNNE FUNERAL SERVICE, INC.</b>				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) <b>1222 MORGAN AVENUE, CORPUS-CHRISTI, TX 78404</b>															
26. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Jurist of the Peace-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.																			
27. SIGNATURE OF CERTIFIER 				28. DATE CERTIFIED (mm-dd-yyyy) <b>3/30/2012</b>		29. LICENSE NUMBER <b>TXBMS281</b>													
30. TIME OF DEATH (Actual or presumed) <b>10:18 PM</b>																			
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>Candice Cardon 2406 Hospital Blvd, Corpus Christi TX 78405</b>						32. TITLE OF CERTIFIER <b>M.D.</b>													
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE																			
<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">IMMEDIATE CAUSE (Final disease or condition resulting in death)</td> <td style="width: 60%;">a. <b>GI bleed/esophageal varices</b> Due to (or as a consequence of):</td> <td style="width: 20%;">Approximate Interval Onset to death <b>hours</b></td> </tr> <tr> <td>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</td> <td>b. <b>Cirrhosis</b> Due to (or as a consequence of):</td> <td><b>years</b></td> </tr> <tr> <td></td> <td>c. _____ Due to (or as a consequence of):</td> <td></td> </tr> <tr> <td></td> <td>d. _____ Due to (or as a consequence of):</td> <td></td> </tr> </table>								IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. <b>GI bleed/esophageal varices</b> Due to (or as a consequence of):	Approximate Interval Onset to death <b>hours</b>	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. <b>Cirrhosis</b> Due to (or as a consequence of):	<b>years</b>		c. _____ Due to (or as a consequence of):			d. _____ Due to (or as a consequence of):	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. <b>GI bleed/esophageal varices</b> Due to (or as a consequence of):	Approximate Interval Onset to death <b>hours</b>																	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. <b>Cirrhosis</b> Due to (or as a consequence of):	<b>years</b>																	
	c. _____ Due to (or as a consequence of):																		
	d. _____ Due to (or as a consequence of):																		
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.						34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
						35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)													
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		40d. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)													
40e. LOCATION (Street and Number, City, State, Zip Code)						40f. COUNTY OF INJURY													
41. DESCRIBE HOW INJURY OCCURRED																			
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR															

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Family Code, Sec. 94, 1989)

3-112 REV 1/2006

MC: ME

RQ6B001A

024323



FS#: 0457988946  
Central File Maintenance  
P.O. BOX 12048  
AUSTIN, TX 78711-2048



CHILD SUPPORT DIVISION

30250091 01 21620101



JOSE OROZCO  
4657 VAIL ST  
CRP CHRISTI TX 78413-4314

Date: 01/09/2016  
Member ID: 05714760  
Cause Number: 993070D  
Case Number: 0009012914

## The following are your child support obligations:

CHILD SUPPORT PAYMENT PLAN 1	178.00	MONTHLY	178.00
CHILD SUPPORT PAYMENT PLAN 2	165.00	MONTHLY	165.00
MEDICAL SUPPORT PAYMENT PLAN 1	10.00	MONTHLY	10.00

Pay this amount for 02/2016:

[ \$353.00 ]

Due date for payment: 02/01/2016

**Important Note:** If the above payment amount due is zero, but you still owe arrears on your case (shown below), send the entire balance due or continue to make regular payments toward your arrears until the balance is paid in full.

## MESSAGES

TOTAL PRINCIPAL	TOTAL INTEREST	ARREARS (INCLUDES UNPAID CURRENT SUPPORT AS OF STATEMENT DATE)
-----------------	----------------	--

\$49,509.04

+

\$15,028.55

=

\$64,537.59

STATEMENT MAY NOT REFLECT ANY RECENT PAYMENTS. CHECK YOUR  
BALANCE AT CHILDSUPPORT.OAG.STATE.TX.US OR 1-800-252-8014.

Please mail your payment to:  
TX CHILD SUPPORT SDU  
PO BOX 659791  
SAN ANTONIO TX 78265-9791