EF-62-A-R04-0810-17000703-1 BOE-62-A REV. 04 (08-10)

CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer his or her property tax base to a replacement property as provided by section 69.5 of the Revenue and Taxation Code. In order to qualify for this one time tax benefit, a licensed physician or surgeon of appropriate specialty must certify the disability of the claimant, or claimant's spouse, is both severe and permanent. The definition for a severely and permanently disabled person is, ". . . any person who has a physical disability or impairment, whether from birth or reason of accident or disease, including, but not limited to, any disability or impairment which affects sight, speech, hearing or use of any limbs and which results in a functional limitation as to employment or substantially limits one or more major life activities of that person, and which has been diagnosed as permanently affecting the person's ability to function." (Revenue and Taxation Code section 74.3)



Richard Ford County Assessor-Recorder

255 North Forbes Street Lakeport, CA 95453 Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

Patient's Name:	Name: Date of disability:	
Description of patient's disability:		
Identify: (1) the specific reasons why the disability nec including any locational requirements, of a replacemen		and (2) the disability-related requirements,
I am a licensed physician surgeon. My	specialty is:	
	CERTIFICATION	
I certify that in my medical opinion the above n	amed patient does qualify as a disabled perso	
PHYSICIAN'S SIGNATURE		DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT	S SPOUSE OR LEGAL GUARDIAN (please	print)
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERT	IFICATE OF DISABILITY (check A or B)	
A: 1. The claimant or spouse must describe in h identified in Part I (Part I must be completed)		ing meets the disability-related requirements
	AND ury under the laws of the State of California t tified disability-related requirements described OR	
B: I certify (or declare) under penalty of perjury replacement dwelling is to alleviate the finance	y under the laws of the State of California th	at the primary purpose of the move to the
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBE	R DATE

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

DAYTIME PHONE NUMBER

DATE



SIGNATURE OF SPOUSE

E-MAIL ADDRESS