EF-62-A-R04-0810-03000517-1 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)



James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

I. TO BE COMPLETED BY A PHYSICIAN (please print)		
Patient's Name:	Date of disability:	
Description of patient's disability:		
Identify: (1) the specific reasons why the disability necessitates a move including any locational requirements, of a replacement dwelling:	e to the replacement dwelling a	nd (2) the disability-related requirements,
I am a licensed physician surgeon. My specialty is: CERTIF	ICATION	
I certify that in my medical opinion the above named patient doe	es qualify as a disabled person	according to the definition above
PHYSICIAN'S SIGNATURE		DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER ()
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR I	LEGAL GUARDIAN (please pr	int)
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFICATE OF DIS	SABILITY (check A or B)	
A: 1. The claimant or spouse must describe in his or her own work identified in Part I (Part I must be completed by a physicial)	ds how the replacement dwellin	g meets the disability-related requirements
AND 2. I certify (or declare) under penalty of perjury under the law replacement dwelling is to satisfy the identified disability-re OR B: I certify (or declare) under penalty of perjury under the laws	vs of the State of California the lated requirements described in of the State of California that	n Part I.
replacement dwelling is to alleviate the financial burdens caus	•	
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER ()	DATE
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



E-MAIL ADDRESS