EF-62-A-R04-0810-17000678-1 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**

Lake County Courthouse 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

I. TO BE COMPLETED BY A PHYSICIAN (please pl	rint)		
Patient's Name:	Date of disability:		
Description of patient's disability:			
Identify: (1) the specific reasons why the disability neo including any locational requirements, of a replacemen		d (2) the disability-related requirements	
I am a licensed  physician surgeon. My	specialty is:  CERTIFICATION		
Logify that in my modical oninion the above r		according to the definition above	
PHYSICIAN'S SIGNATURE	named patient does qualify as a disabled person a	DATE DATE	
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER	
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT	'S SPOUSE OR LEGAL GUARDIAN (please prin	t)	
CLAIMANT'S NAME	SPOUSE'S NAME		
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER	
CERT	TIFICATE OF DISABILITY (check A or B)		
A: 1. The claimant or spouse must describe in h identified in Part I (Part I must be comple	nis or her own words how the replacement dwelling ted by a physician):	meets the disability-related requirement	
	AND jury under the laws of the State of California that tified disability-related requirements described in		
B: I certify (or declare) under penalty of perjur replacement dwelling is to alleviate the finance.		the primary purpose of the move to th	
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE	
CIONATURE OF CROUCE	( ) DAYTIME PHONE NUMBER	DATE	
SIGNATURE OF SPOUSE	( )	DATE	
E-MAIL ADDRESS	\ /		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

