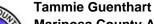
BOE-	62-A REV. 04 (08-10)
(CERTIFICATE OF DISABILITY
H H H H H H H H H	The claimant listed below has applied to transfer his or her property tax base to a replacement property as provided by section 69.5 of the Revenue and Taxation Code. In order to qualify for this one time tax benefit, a licensed physician 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 imited 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)
_	I. TO BE COMPLETED BY A PHYSICIAN (please print)
	Patient's Name:
	Description of patient's disability:

Identify: (1) the specific reasons why the disability necessitates a move to the replacement dwelling and (2) the disability-related requirements, including any locational requirements, of a replacement dwelling:

I am a licensedphysiciansurgeon. My specialty is:		
CERTIFIC	CATION	
I certify that in my medical opinion the above named patient does	s qualify as a disabled person acco	rding 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 LI	EGAL GUARDIAN (please print)	
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS	AS	SESSOR'S PARCEL NUMBER
CERTIFICATE OF DISA	ABILITY (check A or B)	
A: 1. The claimant or spouse must describe in his or her own words identified in Part I (Part I must be completed by a physician)		ets the disability-related requirements
AND 2. I certify (or declare) under penalty of perjury under the laws replacement dwelling is to satisfy the identified disability-rela OR B: I certify (or declare) under penalty of perjury under the laws replacement dwelling is to alleviate the financial burdens cause	ated requirements described in Par of the State of California that the	tl.
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
	()	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE
E-MAIL ADDRESS		1

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION





_ Date of disability: _

OF (

4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719 tguenthart@mariposacounty.org Monday-Friday:8am-5pm

Mariposa County Assessor