EF-62-A-R04-0810-39000873-1 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)



Steve J. Bestolarides Assessor-Recorder-County Clerk

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person's ability to function." (Revenue and Taxation Code secti	ion 74.3)	
I. TO BE COMPLETED BY A PHYSICIAN (please print)		
ient's Name: Date of disa		f disability:
Description of patient's disability:		
Identify: (1) the specific reasons why the disability necessitate including any locational requirements, of a replacement dwellir		and (2) the disability-related requirements
I am a licensed physician surgeon. My specialty	y is:	
	CERTIFICATION	
I certify that in my medical opinion the above named p	atient does qualify as a disabled persor	
PHYSICIAN'S SIGNATURE		DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOU	, ,	rint)
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFICATI	E OF DISABILITY (check A or B)	
A: 1. The claimant or spouse must describe in his or her identified in Part I (Part I must be completed by a		ng meets the disability-related requirement
I certify (or declare) under penalty of perjury under	AND er the laws of the State of California th	at the primary purpose of the move to th
replacement dwelling is to satisfy the identified dis	sability-related requirements described	
B: I certify (or declare) under penalty of perjury under replacement dwelling is to alleviate the financial burd		t the primary purpose of the move to th
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
	()	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE
	()	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



F-MAIL ADDRESS