EF-62-A-R05-0520-39000170-1 BOE-62-A REV. 05 (05-20)



Steve J. Bestolarides Assessor-Recorder-County Clerk

San Joaquin County
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https://www.sjqov.org/department/assessor

CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer their 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)

Code section 74.3)		
I. TO BE COMPLETED BY A PHYSICIAN (please print)		
Patient's Name:	Date of disability:	
Description of patient's disability:		
Description of patients disability.		
Identify: (1) the specific reasons why the disability necessitate including any locational requirements, of a replacement dwellin		nd (2) the disability-related requirements
I am a licensed physician surgeon. My specialty	y is:	
I certify that in my medical opinion the above named pa	atient does qualify as a disabled person a	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 SPOU	ISE OR LEGAL GUARDIAN (please prir	nt)
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFICATE	E OF DISABILITY (check A or B)	
A: 1. The claimant or spouse must describe in their own identified in Part I (Part I must be completed by a		eets the disability-related requirements
I certify (or declare) under penalty of perjury under replacement dwelling is to satisfy the identified dis		
B: I certify (or declare) under penalty of perjury under replacement dwelling is to alleviate the financial burd	the laws of the State of California that	the primary purpose of the move to th
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE
•	()	
E-MAIL ADDRESS		L

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

