EF-62-A-R04-0810-49000772-1 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)



Deva Marie Proto Sonoma County Clerk-Recorder-Assessor

585 Fiscal Dr., Rm 104 Santa Rosa, CA 95403 Telephone: (707) 565-1888 FAX: (707) 565-3317

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:	to the replacement dwelling ar	and (2) the disability-related requirements	
I am a licensed physician surgeon. My specialty is:	ICATION		
I certify that in my medical opinion the above named patient doe		according to the definition above	
PHYSICIAN'S SIGNATURE	s quality as a disabled person of	DATE DATE	
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER	
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR L	EGAL GUARDIAN (please pri	int)	
CLAIMANT'S NAME	SPOUSE'S NAME		
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER	
CERTIFICATE OF DIS	ABILITY (check A or B)		
A: 1. The claimant or spouse must describe in his or her own word identified in Part I (Part I must be completed by a physician	ds how the replacement dwelling	g meets the disability-related requirement	
AND	<u> </u>		
AND 2. I certify (or declare) under penalty of perjury under the law replacement dwelling is to satisfy the identified disability-report OR	s of the State of California tha		
B: I certify (or declare) under penalty of perjury under the laws replacement dwelling is to alleviate the financial burdens cause		the primary purpose of the move to the	
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

