EF-62-A-R04-0810-50000755-1 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)



Don H. Gaekle Stanislaus County Assessor

1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

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 necessita including any locational requirements, of a replacement dwel		g and (2) the disability-related requirements
I am a licensed physician surgeon. My specia		
	CERTIFICATION	
I certify that in my medical opinion the above named PHYSICIAN'S SIGNATURE	patient does qualify as a disabled pers	on according to the definition above. DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPO	DUSE OR LEGAL GUARDIAN (please SPOUSE'S NAME	print)
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFICA	TE OF DISABILITY (check A or B)	
A: 1. The claimant or spouse must describe in his or his identified in Part I (Part I must be completed by	er own words how the replacement dwe	lling meets the disability-related requirement
I certify (or declare) under penalty of perjury un replacement dwelling is to satisfy the identified of		
B: I certify (or declare) under penalty of perjury under replacement dwelling is to alleviate the financial but		hat the primary purpose of the move to th
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBI	ER DATE
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBE	ER DATE

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



F-MAIL ADDRESS