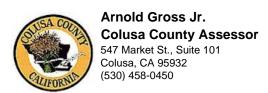
EF-62-A-R04-0810-06000616-1 BOE-62-A REV. 04 (08-10)

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)



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 necessincluding any locational requirements, of a replacement d		nd (2) the disability-related requirements
I am a licensed physician surgeon. My spe	ecialty is:	
Lootify that in my modical opinion the above name		according to the definition above
I certify that in my medical opinion the above name PHYSICIAN'S SIGNATURE	ieu palient does qualify as a disabled person a	DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S S	SPOUSE OR LEGAL GUARDIAN (please prin	nt)
CLAIMANT'S NAME	SPOUSE'S NAME	·
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CEPTIEI	CATE OF DISABILITY (check A or B)	
A: 1. The claimant or spouse must describe in his cidentified in Part I (Part I must be completed	or her own words how the replacement dwelling	g meets the disability-related requirement
I certify (or declare) under penalty of perjury replacement dwelling is to satisfy the identifies.	AND r under the laws of the State of California that ed disability-related requirements described in	
B: I certify (or declare) under penalty of perjury u replacement dwelling is to alleviate the financial		the primary purpose of the move to th
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
SIGNATURE OF SPOUSE	() DAYTIME PHONE NUMBER	DATE
SIGNAL OILE OF SPOUSE	()	DATE
E-MAIL ADDRESS	\ /	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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