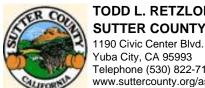
EF-62-A-R04-0810-51000552-1 BOE-62-A REV. 04 (08-10)

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)



TODD L. RETZLOFF, CCIM **SUTTER COUNTY**

Yuba City, CA 95993 Telephone (530) 822-7160 FAX (530) 822-7198 www.suttercounty.org/assessor Email: assessor@co.sutter.ca.us

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 and	(2) the disability-related requirements,
I am a licensed physician surgeon. My specialty is:		
CERTIFIC		anding to the definition obour
I certify that in my medical opinion the above named patient does PHYSICIAN'S SIGNATURE	s quality as a disabled person ac	DATE DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR LE	EGAL GUARDIAN (please print)	1
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFICATE OF DISA	ABILITY (check A or B)	
A: 1. The claimant or spouse must describe in his or her own words identified in Part I (Part I must be completed by a physician)	s how the replacement dwelling n	neets the disability-related requirements
AND 2. I certify (or declare) under penalty of perjury under the laws replacement dwelling is to satisfy the identified disability-		
OR B: I certify (or declare) under penalty of perjury under the laws or replacement dwelling is to alleviate the financial burdens cause		e primary purpose of the move to the
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
SIGNATURE OF SPOUSE	() DAYTIME PHONE NUMBER	DATE
SIGNALUKE OF SPUUSE	DAT TIME PRONE NUMBER	DATE

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



E-MAIL ADDRESS