EF-62-A-R04-0810-17000783-1 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)



Richard Ford County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

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 mo including any locational requirements, of a replacement dwelling:	ve to the replacement dwelling ar	nd (2) the disability-related requirements
I am a licensed physician surgeon. My specialty is:	IFICATION	
I certify that in my medical opinion the above named patient o		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 SPOUSE OF	R LEGAL GUARDIAN (please pri	nt)
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFICATE OF D	ISABILITY (check A or B)	
A: 1. The claimant or spouse must describe in his or her own w identified in Part I (Part I must be completed by a physic	ords how the replacement dwelling	g meets the disability-related requirements
Al 2. I certify (or declare) under penalty of perjury under the I replacement dwelling is to satisfy the identified disability-	ND aws of the State of California tha related requirements described in	t the primary purpose of the move to the Part I.
B: I certify (or declare) under penalty of perjury under the law replacement dwelling is to alleviate the financial burdens can		the primary purpose of the move to the
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE
>	()	
E-MAIL ADDRESS		1

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

