EF-62-A-R04-0810-24000798-1 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)



## **MERCED COUNTY** MATT H. MAY, ASSESSOR

2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956 www.co.merced.ca.us\assessor

Patient's Name: Date of disability:    Description of patient's disability:	I. TO BE COMPLETED BY A PHYSICIAN (please print)			
Identify: (1) the specific reasons why the disability necessitates a move to the replacement dwelling and (2) the disability-related requirement including any locational requirements, of a replacement dwelling:    I am a licensed	Patient's Name:	Date of disability:		
I am a licensed  physician  surgeon. My specialty is:    CERTIFICATION	Description of patient's disability:			
CERTIFICATION  I certify that in my medical opinion the above named patient does qualify as a disabled person according to the definition above.  PHYSICIANS SIGNATURE  PHYSICIANS NAME (print or type)  II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR LEGAL GUARDIAN (please print)  CLAIMANT'S NAME  PROPERTY ADDRESS  ASSESSOR'S PARCEL NUMBER  CERTIFICATE OF DISABILITY (check A or B)  ASSESSOR'S PARCEL NUMBER  CERTIFICATE OF DISABILITY (check A or B)  AND  AND  2. I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to satisfy the identified disability-related requirements described in Part I.  OR  B: I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to alleviate the financial burdens caused by the disability.  SIGNATURE OF CLAIMANT  DAYTIME PHONE NUMBER  (A)  DATE		nove to the replacement dwelling a	nd (2) the disability-related requirements	
Certify that in my medical opinion the above named patient does qualify as a disabled person according to the definition above.    DATE   DAYTIME PHONE NUMBER		OTIFIC ATION		
PHYSICIAN'S NAME (print or type)  II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR LEGAL GUARDIAN (please print)  CLAIMANT'S NAME  PROPERTY ADDRESS  ASSESSOR'S PARCEL NUMBER  CERTIFICATE OF DISABILITY (check A or B)  A: 1. The claimant or spouse must describe in his or her own words how the replacement dwelling meets the disability-related requirem identified in Part I (Part I must be completed by a physician):  AND  2. I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to satisfy the identified disability-related requirements described in Part I.  OR  B: I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to alleviate the financial burdens caused by the disability.  SIGNATURE OF CLAIMANT  DAYTIME PHONE NUMBER  DATE				
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR LEGAL GUARDIAN (please print)  CLAIMANT'S NAME  SPOUSE'S NAME  CERTIFICATE OF DISABILITY (check A or B)  ASSESSOR'S PARCEL NUMBER  CERTIFICATE OF DISABILITY (check A or B)  AND  1. The claimant or spouse must describe in his or her own words how the replacement dwelling meets the disability-related requirem identified in Part I (Part I must be completed by a physician):  AND  2. I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to satisfy the identified disability-related requirements described in Part I.  OR  B: I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to alleviate the financial burdens caused by the disability.  SIGNATURE OF CLAIMANT  DAYTIME PHONE NUMBER  DATE		tuoes qualify as a disabled person		
CERTIFICATE OF DISABILITY (check A or B)  CERTIFICATE OF DISABILITY (check A or B)  1. The claimant or spouse must describe in his or her own words how the replacement dwelling meets the disability-related requirem identified in Part I (Part I must be completed by a physician):  AND  2. I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to satisfy the identified disability-related requirements described in Part I.  OR  I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to alleviate the financial burdens caused by the disability.  SIGNATURE OF CLAIMANT  DAYTIME PHONE NUMBER  DATE	PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER	
CERTIFICATE OF DISABILITY (check A or B)  A: 1. The claimant or spouse must describe in his or her own words how the replacement dwelling meets the disability-related requirem identified in Part I (Part I must be completed by a physician):  AND  2. I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to satisfy the identified disability-related requirements described in Part I.  OR  B: I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to alleviate the financial burdens caused by the disability.  DAYTIME PHONE NUMBER  DATE	II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE (	OR LEGAL GUARDIAN (please pri	nt)	
CERTIFICATE OF DISABILITY (check A or B)  A: 1. The claimant or spouse must describe in his or her own words how the replacement dwelling meets the disability-related requirem identified in Part I (Part I must be completed by a physician):  AND  2. I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to satisfy the identified disability-related requirements described in Part I.  OR  B: I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to alleviate the financial burdens caused by the disability.  SIGNATURE OF CLAIMANT  DAYTIME PHONE NUMBER  DATE	CLAIMANT'S NAME	SPOUSE'S NAME		
AND  2. I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to satisfy the identified disability-related requirements described in Part I.  OR  B: I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to satisfy the identified disability-related requirements described in Part I.  OR  DATIME PHONE NUMBER  DATE  DATE  DATE  DATE	PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER	
AND  2. I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to satisfy the identified disability-related requirements described in Part I.  OR  B: I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to satisfy the identified disability-related requirements described in Part I.  OR  DATIME PHONE NUMBER  DATE  DATE  DATE  DATE	CERTIFICATE OF	DISABILITY (check A or B)		
2. I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to satisfy the identified disability-related requirements described in Part I.  OR  I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to alleviate the financial burdens caused by the disability.  SIGNATURE OF CLAIMANT  DAYTIME PHONE NUMBER  ( )  DATE	A: 1. The claimant or spouse must describe in his or her own	words how the replacement dwelling	g meets the disability-related requirement	
B: I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to alleviate the financial burdens caused by the disability.  SIGNATURE OF CLAIMANT  DAYTIME PHONE NUMBER  ( )	2. I certify (or declare) under penalty of perjury under the	e laws of the State of California tha		
	B: I certify (or declare) under penalty of perjury under the I	OR aws of the State of California that		
SIGNATURE OF SPOUSE  DAYTIME PHONE NUMBER  ( )	SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE	
	SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE	
	<b>•</b>	( )		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

