EF-62-A-R04-0810-31000759-1 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)



Matthew R. Maynard Placer County Assessor

2980 Richardson Drive

Auburn, CA 95603-2640 Phone: (530) 889-4300 Email: assessor@placer.ca.gov Website: www.placer.ca.gov/assessor

Patient's Name:	Da	Date of disability:		
Description of patient's disability:				
Identify: (1) the specific reasons why the disability necess including any locational requirements, of a replacement do		lling and	d (2) the	disability-related requirements
I am a licensed physician surgeon. My spe	ecialty is:			
	CERTIFICATION			
I certify that in my medical opinion the above name PHYSICIAN'S SIGNATURE	ed patient does qualify as a disabled p	erson a	ccording	DATE
PHYSICIAN'S NAME (print or type)				DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S S	SPOUSE OR LEGAL GUARDIAN (plea	ase prin	t)	
CLAIMANT'S NAME	SPOUSE'S NAME	SPOUSE'S NAME		
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER		
CERTIFIC	CATE OF DISABILITY (check A or B)			
A: 1. The claimant or spouse must describe in his o identified in Part I (Part I must be completed	or her own words how the replacement of	lwelling	meets the	e disability-related requirement
I certify (or declare) under penalty of perjury replacement dwelling is to satisfy the identifies.	AND under the laws of the State of Californ and disability related requirements descr	nia that	the prima	ary purpose of the move to th
B: I certify (or declare) under penalty of perjury un replacement dwelling is to alleviate the financial	OR nder the laws of the State of Californi			ry purpose of the move to th
SIGNATURE OF CLAIMANT	DAYTIME PHONE NU	JMBER		DATE

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

DAYTIME PHONE NUMBER

DATE



SIGNATURE OF SPOUSE

E-MAIL ADDRESS