EF-62-A-R04-0810-31000807-1 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**

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

I. TO BE COMPLETED BY A PHYSICIAN (pl	ease print)
Patient's Name:	Date of disability:
Description of patient's disability:	
Identify: (1) the specific reasons why the disab including any locational requirements, of a replacement.	bility necessitates a move to the replacement dwelling and (2) the disability-related requirements acement dwelling:
I am a licensed physician surge	eon. My specialty is:
I certify that in my medical oninion the	above named patient does qualify as a disabled person according to the definition above.
PHYSICIAN'S SIGNATURE	DATE
PHYSICIAN'S NAME (print or type)	DAYTIME PHONE NUMBER ()
II. TO BE COMPLETED BY CLAIMANT, CLA	IMANT'S SPOUSE OR LEGAL GUARDIAN (please print)
CLAIMANT'S NAME	SPOUSE'S NAME
PROPERTY ADDRESS	ASSESSOR'S PARCEL NUMBER
	CERTIFICATE OF DISABILITY (check A or B)
A: 1. The claimant or spouse must describe identified in Part I (Part I must be	ribe in his or her own words how the replacement dwelling meets the disability-related requirements
	AND y of perjury under the laws of the State of California that the primary purpose of the move to the the identified disability-related requirements described in Part I. OR
	of perjury under the laws of the State of California that the primary purpose of the move to the ne financial burdens caused by the disability.
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER DATE

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

DAYTIME PHONE NUMBER

DATE



SIGNATURE OF SPOUSE

E-MAIL ADDRESS