EF-62-A-R04-0810-31000625-1 BOE-62-A REV. 04 (08-10)

CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer his or her property tax R be CE aı р W lir 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 a.gov/assessor

ase to a replacement property as provided by section 69.5 of the	The same	Website: www.placer.c
Revenue and Taxation Code. In order to qualify for this one time tax		website. www.piacei.c
enefit, a licensed physician or surgeon of appropriate specialty must		
ertify the disability of the claimant, or claimant's spouse, is both severe		
nd permanent. The definition for a severely and permanently disabled		
erson is, " any person who has a physical disability or impairment,		
hether from birth or reason of accident or disease, including, but not		
mited to, any disability or impairment which affects sight, speech,		

Patient's Name:	Date of disability:		
atient's Name.	Date of	uisability.	
Description of patient's disability:			
dentify: (1) the specific reasons why the disability necessitates not any locational requirements, of a replacement dwellin		and (2) the disability-related requirement	
am a licensed physician surgeon. My specialty	y is:		
I certify that in my medical opinion the above named pa		according to the definition above	
PHYSICIAN'S SIGNATURE	ations does qualify as a disabled person	DATE	
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER ()	
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOU	JSE OR LEGAL GUARDIAN (please pr	int)	
CLAIMANT'S NAME	SPOUSE'S NAME		
PROPERTY ADDRESS	l .	ASSESSOR'S PARCEL NUMBER	
CERTIFICATE	E OF DISABILITY (check A or B)		
A: 1. The claimant or spouse must describe in his or her identified in Part I (Part I must be completed by a	own words how the replacement dwellin	g meets the disability-related requiremen	
I certify (or declare) under penalty of perjury under replacement dwelling is to satisfy the identified dis	AND er the laws of the State of California the sability-related requirements described in	at the primary purpose of the move to the	
B: I certify (or declare) under penalty of perjury under replacement dwelling is to alleviate the financial burde	the laws of the State of California that	t the primary purpose of the move to th	
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

