EF-62-A-R04-0810-31000451-1 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

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 necess including any locational requirements, of a replacement dv		g and (2) the disability-related requirements
I am a licensed physician surgeon. My spe	cialty is:	
I south that in many modified on initial than the characters		
I certify that in my medical opinion the above name PHYSICIAN'S SIGNATURE	ed patient does qualify as a disabled pers	DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S S	POUSE OR LEGAL GUARDIAN (please	e print)
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFIC	CATE OF DISABILITY (check A or B)	I
A: 1. The claimant or spouse must describe in his or identified in Part I (Part I must be completed)	r her own words how the replacement dwe	elling meets the disability-related requirements
I certify (or declare) under penalty of perjury replacement dwelling is to satisfy the identifie	d disability-related requirements describe	
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 California the burdens caused by the disability.	that the primary purpose of the move to th
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMB	ER DATE
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMB	ER DATE

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



F-MAIL ADDRESS