EF-62-A-R05-0520-50000059-1 BOE-62-A REV. 05 (05-20)



Don H. Gaekle **Stanislaus County Assessor**

1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer their 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)		
I. TO BE COMPLETED BY A PHYSICIAN (please print)		
Patient's Name:	Date of disability:	
Description of patient's disability:		
Description of patient's disability.		
Identify: (1) the specific reasons why the disability necessitate including any locational requirements, of a replacement dwelli		and (2) the disability-related requirement
I am a licensed physician surgeon. My special		
Locatife that in many modified an injury the above manager	CERTIFICATION	
I certify that in my medical opinion the above named p PHYSICIAN'S SIGNATURE	patient does qualify as a disabled persor	DATE
PHYSICIAN S SIGNATURE		DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER ()
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPO	USE OR LEGAL GUARDIAN (please p	rint)
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFICAT	E OF DISABILITY (check A or B)	
A: 1. The claimant or spouse must describe in their ow identified in Part I (Part I must be completed by a		neets the disability-related requirements
I certify (or declare) under penalty of perjury under replacement dwelling is to satisfy the identified diese.	sability-related requirements described	
B: I certify (or declare) under penalty of perjury under replacement dwelling is to alleviate the financial burd		at the primary purpose of the move to the
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
SIGNATURE OF SPOUSE	()	DATE
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE
E-MAIL ADDRESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

