EF-62-A-R04-0810-17000419-1 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)



## Douglas W. Wacker County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

I. TO BE COMPLETED BY A PHYSICIAN (please print)	
Patient's Name:	Date of disability:
Description of patient's disability:	C / C /
Identify: (1) the specific reasons why the disability necessitate including any locational requirements, of a replacement dwelling	s a move to the replacement dwelling and (2) the disability-related requirement g:
I am a licensed physician surgeon. My specialty	(is:
	CERTIFICATION
	atient 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, CLAIMANT'S SPOU	SE OR L <mark>EGAL GUARDIAN</mark> (please pri <mark>nt)</mark>
CLAIMANT'S NAME	\$POUSE'S NAME
PROPERTY ADDRESS  CERTIFICATE	ASSESSOR'S PARCEL NUMBER  OF DISABILITY (check A or B)
	own words how the replacement dwelling meets the disability-related requireme
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 that the primary purpose of the move to ability-related requirements described in Part I. OR
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 the primary purpose of the move to
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER DATE
<b>•</b>	( )
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER DATE
E-MAIL ADDRESS	[( )

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

