EF-62-A-R04-0810-21000283-1 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)



Shelly Scott Assessor-Recorder-County Clerk

County of Marin CHANGE IN OWNERSHIP DIVISION P.O. Box C San Rafael, CA 94913 Phone: (415) 473-7231 Fax: (415) 473-6255

www.marincounty.gov

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 necessitates a move to including any locational requirements, of a replacement dwelling:	the replacement dwelling and (2) the disability-related requirements,
I am a licensed physician surgeon. My specialty is:	
I certify that in my medical opinion the above named patient does	
PHYSICIAN'S SIGNATURE	DATE
PHYSICIAN'S NAME (print or type)	DAYTIME PHONE NUMBER ()
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR LE	GAL GUARDIAN (please print)
CLAIMANT'S NAME	SPOUSE'S NAME
PROPERTY ADDRESS	ASSESSOR'S PARCEL NUMBER
CERTIFICATE OF DISA	BILITY (check A or B)
A: 1. The claimant or spouse must describe in his or her own words identified in Part I (Part I must be completed by a physician):	how the replacement dwelling meets the disability-related requirements
AND 2. I certify (or declare) under penalty of perjury under the laws replacement dwelling is to satisfy the identified disability-relations.	of the State of California that the primary purpose of the move to the

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

OR

B: I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to the

DAYTIME PHONE NUMBER

DAYTIME PHONE NUMBER

DATE

DATE

replacement dwelling is to alleviate the financial burdens caused by the disability.



SIGNATURE OF CLAIMANT

SIGNATURE OF SPOUSE

E-MAIL ADDRESS