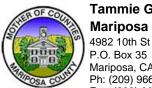
EF-62-A-R04-0810-22000262-1 BOE-62-A REV. 04 (08-10)

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)



Tammie Guenthart Mariposa County Assessor

P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719 tguenthart@mariposacounty.org Monday-Friday:8am-5pm

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 necessincluding any locational requirements, of a replacement do	sitates a move to the replacement dwelling and (2) the disability-related requirements welling:
	AADI EI
I am a licensed physician surgeon. My spe	cialty is:CERTIFICATION
Loortify that in my modical opinion the above nam	ed patient 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 S	SPOUSE OR LEGAL GUARDIAN (please print)
PROPERTY ADDRESS	ASSESSOR'S PARCEL NUMBER
CERTIFIC	CATE OF DISABILITY (check A or B)
A: 1. The claimant or spouse must describe in his o identified in Part I (Part I must be completed	r h <mark>er</mark> own wo <mark>rds ho</mark> w the replacement dwelling meets the disability-related requirements by a physician):
	AND under the laws of the State of California that the primary purpose of the move to the
replacement awelling is to satisfy the identifie	d disability-related requirements described in Part I.
B: I certify (or declare) under penalty of perjury unreplacement dwelling is to alleviate the financial	OR nder the laws of the State of California that the primary purpose of the move to the burdens caused by the disability.
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER DATE
•	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER DATE

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



E-MAIL ADDRESS