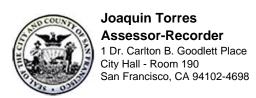
EF-62-A-R04-0810-38000342-1 BOE-62-A REV. 04 (08-10)

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)



I. TO BE COMPLETED BY A PHYSICIAN (please print)			
Patient's Name:	Date of disabili	Date of disability:	
Description of patient's disability:	3/6		
Identify: (1) the specific reasons why the disability necessitates a n including any locational requirements, of a replacement dwelling:	nove to the replacement dwelling and (2)	the disability-related requirements,	
I am a licensed physician surgeon. My specialty is:			
	RTIFICATION	<u>i</u>	
I certify that in my medical opinion the above named patient	t d <mark>oes qua</mark> lify as a disabled person accord	ing to the definition above.	
PHYSICIAN S SIGNALURE		DATE	
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER	
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE	OR LEGAL GUARDIAN (please print)		
CLAIMANT'S NAME	\$POUSE'S NAME		
PROPERTY ADDRESS	ASSE	ESSOR'S PARCEL NUMBER	
CERTIFICATE OF	DISABILITY (check A or B)		
A: 1. The claimant or spouse must describe in his or her own identified in Part I (Part I must be completed by a physical part I).		s the disability-related requirements	
I certify (or declare) under penalty of perjury under the replacement dwelling is to satisfy the identified disability.			
B: I certify (or declare) under penalty of perjury under the li replacement dwelling is to alleviate the financial burdens of	laws of the State of California that the pr	imary purpose of the move to the	
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE	
OIGHALOILE OF GOOD	()	DAIL	
E-MAIL ADDRESS	, ,	I	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

