EF-62-A-R04-0810-17000258-1 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: 7

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)	"	
i. TO BE COMPLETED BY A PRISICIAN (please print)		
Patient's Name:	Date of disability:	
Description of patient's disability: Identify: (1) the specific reasons why the disability necessitates a moincluding any locational requirements, of a replacement dwelling:	ve to the replacement dwelling and (2) the disability-related requ	irements
	IFICATION The profit of the definition shows	
PHYSICIAN'S SIGNATURE	oes qualify as a disabled person according to the definition above DATE	<i>U.</i>
PHYSICIAN'S NAME (print or type)	DAYTIME PHONE NUMBER	
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OF	R LEGAL GUARDIAN (please print)	
CLAIMANT'S NAME	\$POUSE'S NAME	
PROPERTY ADDRESS	ASSESSOR'S PARCEL NUMBER	
CERTIFICATE OF B	ISABILITY (check A or B)	
	ords how the replacement dwelling meets the disability-related requ	uirements
2. I certify (or declare) under penalty of perjury under the large replacement dwelling is to satisfy the identified disability-	aws of the State of California that the primary purpose of the more related requirements described in Part I.	ove to the
B: I certify (or declare) under penalty of perjury under the law replacement dwelling is to alleviate the financial burdens call	vs of the State of California that the primary purpose of the mo	ove to the
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER DATE	
	()	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER DATE	
E MAII ADDRESS	[\]	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

