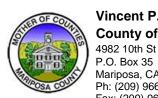
EF-62-A-R04-0810-22000197-1 BOE-62-A REV. 04 (08-10)

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)



Vincent P. Kehoe County of Mariposa Assessor/Recorder

P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

I. TO BE COMPLETED BY A PHYSICIAN (please print)			
Patient's Name:	Date of disability:	Date of disability:	
Description of patient's disability: Identify: (1) the specific reasons why the disability necessitat including any locational requirements, of a replacement dwell		e disability-related requirements	
I am a licensed physician surgeon. My specia	lty is:		
I certify that in my medical opinion the above named	patient does qualify as a disabled person according	g to the definition above.	
PHYSICIAN'S SIGNATURE		DATE	
PHYSICIAN'S NAME (print or type) II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPO	DUSE OR LEGAL GUARDIAN (please print)	DAYTIME PHONE NUMBER	
CLAIMANT'S NAME	SPOUSE'S NAME		
PROPERTY ADDRESS CERTIFICAL	TE OF DISABILITY (check A or B)	OR'S PARCEL NUMBER	
A: 1. The claimant or spouse must describe in his or he identified in Part I (Part I must be completed by	er own words how the replacement dwelling meets the	ne disability-related requirements	
I certify (or declare) under penalty of perjury under penalty of penalty of penalty of penalty under penalty un	disability-related requirements described in Part I.	nary purpose of the move to the	
B: I certify (or declare) under penalty of perjury under replacement dwelling is to alleviate the financial bur		ary purpose of the move to the	
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE	
>	()		
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE	
F-MAII ADDRESS			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

