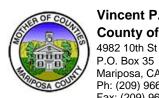
EF-62-A-R04-0810-22000224-1 BOE-62-A REV. 04 (08-10)

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:	
Description of patient's disability:	2/6	
Identify: (1) the specific reasons why the disability necessitates a mincluding any locational requirements, of a replacement dwelling:	nove to the replacement dwelling and (2) the disability-related requirements,
I am a licensedphysiciansurgeon. My specialty is:	TIFICATION	
I certify that in my medical opinion the above named patient		ording to the definition above
PHYSICIAN'S SIGNATURE	accordant, accordance person acc	DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE C	OR LEGAL GUARDIAN (please print)	
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS	A	SSESSOR'S PARCEL NUMBER
	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).		eets the disability-related requirements
	AND	
I certify (or declare) under penalty of perjury under the replacement dwelling is to satisfy the identified disability	y-related requirements described in Pa	
B: I certify (or declare) under penalty of perjury under the la replacement dwelling is to alleviate the financial burdens of		primary 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

