EF-62-A-R04-0810-29000346-1 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)



## Rolf D. Kleinhans Nevada County Assessor

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

Patient's Name: Date of disability:  Description of patient's disability.  Description of patient's disability.  Description of patient's disability.  Identify: (1) the specific reasons why the disability necessitates a move to the replacement dwelling and (2) the disability-related requirement including any locational requirements, of a replacement dwelling:    Iam a licensed	person's ability to function. (Revenue and Taxation Code Section 74.5)		
Description of patient's disability:    Identify: (1) the specific reasons why the disability necessitates a move to the replacement dwelling and (2) the disability-related requirement including any locational requirements, of a replacement dwelling.    I am a licensed	I. TO BE COMPLETED BY A PHYSICIAN (please print)		
Identify: (1) the specific reasons why the disability necessitates a move to the replacement dwelling and (2) the disability-related requirement including any locational requirements, of a replacement dwelling:    a m a licensed	Patient's Name:	Date of disability:	
I am a licensed  physician  surgeon. My specialty is:    CERTIFICATION	Identify: (1) the specific reasons why the disability necessitates a move	e to the replacement dwelling and (2	2) the disability-related requirements
Certify that in my medical opinion the above named patient does qualify as a disabled person according to the definition above.   DATE			
Certify that in my medical opinion the above named patient does qualify as a disabled person according to the definition above.    Physician's signature	I am a licensed physician surgeon. My specialty is:		
PHYSICIAN'S NAME (print or type)  II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR LEGAL GUARDIAN (please print)  CLAIMANT'S NAME  PROPERTY ADDRESS  ASSESSOR'S PARCEL NUMBER  CERTIFICATE OF DISABILITY (check A or B)  ASSESSOR'S PARCEL NUMBER  CERTIFICATE OF DISABILITY (check A or B)  ASSESSOR'S PARCEL NUMBER  2. I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to satisfy the identified disability-related requirements described in Part I.  OR  B: I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to replacement dwelling is to alleviate the financial burdens caused by the disability.  SIGNATURE OF CLAIMANT  DAYTIME PHONE NUMBER  DATE			
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THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



F-MAIL ADDRESS