

PHYSICIAN'S AFFIDAVIT OF PERMANENT AND TOTAL DISABILITY

NAME OF PERSON EXAMINED			
Address			
City			
I am actively providing treatment directly related seeking this exemption. Yes No		manent and total disa	bility of the person named above
My professional opinion is that the person name	ed above is p	permanently and total	ly disabled. Yes No
The person named above seeking this exemption	n has been p	permanently and total	ly disabled since
AFF	IDAVIT O	F PHYSICIAN	
l,above named individual and determined him or to Title 40-9-21.2 "any person who knowingly a homestead exemption, or for the purpose of as ordered to pay twice the amount of any ad valous 10 years plus interest at a rate of 15 percent pe	nd willfully a sisting anot brem tax wh	gives false informatio her person in claimin ich would have been	n for the purpose of claiming a g a homestead exemption, shall be due retroactive for a period of up to
SIGNATURE OF PHYSICIAN			
PHYSICIAN NAME			
CURRENT ALABAMA MEDICAL LICENSE NUMBER			EXPIRATION DATE
BUSINESS ADDRESS			
CITY	_STATE		ZIP CODE
DHONE		DA	re