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)

I. TO BE COMPLETED BY A PHYSICIAN (please print)		
Patient's Name:	Date of disability:	
Description of patient's disability:		
Identify: (1) the specific reasons why the disability necessitates a movincluding any locational requirements, of a replacement dwelling:	e to the replacement dwelling and a	(2) the disability-related requirements
I am a licensed physician surgeon. My specialty is:		
CERTIF	FICATION	
I certify that in my medical opinion the above named patient do	pes qualify as a disabled person acc	-
PHYSICIAN'S SIGNATURE		DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR	LEGAL GUARDIAN (please print)	
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFICATE OF DIS	SABILITY (check A or B)	
A: 1. The claimant or spouse must describe in his or her own work identified in Part I (<i>Part I must be completed by a physicia</i>)	rds how the replacement dwelling m	eets the disability-related requirements
AN 2. I certify (or declare) under penalty of perjury under the la replacement dwelling is to satisfy the identified disability-re OR	ws of the State of California that th elated requirements described in Pa	
B: I certify (or declare) under penalty of perjury under the laws replacement dwelling is to alleviate the financial burdens caus	s of the State of California that the	e primary purpose of the move to the
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
	()	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE
E-MAIL ADDRESS	()	







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