

James B Rooney Assessor of Amador County 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer their property tax base to a replacement primary residence. In order to qualify for this tax benefit, a licensed physician or surgeon of appropriate specialty must certify that the disability of the claimant is severe and permanent. The definition of a severely and permanently disabled person is, "... any person who has a physical disability or impairment, whether from birth or by reason of accident or disease, that results in a functional limitation as to employment or substantially limits one or more major life activities of that person, and that has been diagnosed as permanently affecting the person's ability to function, including, but not limited to, any disability or impairment that affects sight, speech, hearing, or the use of any limbs." (Revenue and Taxation Code section 74.3)

I. TO BE COMPLETED BY A PHYSICIAN (please print)

Patient's Name:		Date of disability:	
Descript	ion of patient's disability:		
	(1) the specific reasons why the disability necessi equirements, including any locational requirements,		
am a lio	censedphysiciansurgeon. My specia	ilty is:	
	CERT	IFICATION OF DISABILITY	
	certify that in my medical opinion, the above-named	patient does qualify as a disabled p	
	E OF PHYSICIAN OR SURGEON		DATE
HYSICIAN	N OR SURGEON'S NAME (print or type)		DAYTIME PHONE NUMBER
I. ТО В	E COMPLETED BY CLAIMANT, CLAIMANT'S SPO	DUSE, OR LEGAL GUARDIAN (ple	ase print)
IAME OF (CLAIMANT	NAME OF SPOUSE OR LEGA	L GUARDIAN
ROPERTY	ADDRESS		ASSESSOR'S PARCEL/ID NUMBER
	CERTIFICATION OF DISA	BILITY-RELATED REQUIREMENTS	(check A or B)
☐ A:	 The claimant, spouse, or legal guardian mus requirements identified in Part I (Part I must be 		
□ A:	 I certify (or declare) under penalty of perjury un replacement primary residence is to satisfy the I certify (or declare) under penalty of perjury under replacement primary residence is to alleviate the formation of the set of th	Completed by a physician or surgeo AND Ider the laws of the State of Californ identified disability-related requi OR	n): nia that the primary purpose of the move to the rements described in Part I.
	 I certify (or declare) under penalty of perjury un replacement primary residence is to satisfy the 	Completed by a physician or surgeo AND Ider the laws of the State of Californ identified disability-related requi OR	n): nia that the primary purpose of the move to t rements described in Part I.
□ B:	 I certify (or declare) under penalty of perjury un replacement primary residence is to satisfy the I certify (or declare) under penalty of perjury under replacement primary residence is to alleviate the formation of the set of th	Completed by a physician or surgeo AND Ider the laws of the State of Californ identified disability-related requi OR	n): nia that the primary purpose of the move to t rements described in Part I.
	 I certify (or declare) under penalty of perjury un replacement primary residence is to satisfy the I certify (or declare) under penalty of perjury under replacement primary residence is to alleviate the f Please explain: 	AND AND Iden the laws of the State of Californ identified disability-related requi OR or the laws of the State of Californi inancial burdens caused by the dis	n): nia that the primary purpose of the move to t rements described in Part I.