

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:	Dat	Date of disability:	
Description of patient's disability:			
	lisability necessitates a move to the replacement pri al requirements, of a replacement primary residence:	imary residence, and (2) the disability-	
am a licensedphysiciansur	geon. My specialty is:		
	CERTIFICATION OF DISABILITY		
I certify that in my medical opinion, th	he above-named patient does qualify as a disabled pe	rson according to the definition above.	
SIGNATURE OF PHYSICIAN OR SURGEON		DATE	
PHYSICIAN OR SURGEON'S NAME (print or type)		DAYTIME PHONE NUMBER	
I. TO BE COMPLETED BY CLAIMANT, CI	LAIMANT'S SPOUSE, OR LEGAL GUARDIAN (pleas	se print)	
NAME OF CLAIMANT	NAME OF SPOUSE OR LEGAL	GUARDIAN	
PROPERTY ADDRESS		ASSESSOR'S PARCEL/ID NUMBER	
CERTIFICA	TION OF DISABILITY-RELATED REQUIREMENTS	(check A or B)	
A: 1. The claimant, spouse, or lega	TION OF DISABILITY-RELATED REQUIREMENTS al guardian must describe how the replacement pr (Part I must be completed by a physician or surgeon)	imary residence meets the disability-rela	
 A: 1. The claimant, spouse, or lega requirements identified in Part I 2. I certify (or declare) under pena replacement primary residence 	al guardian must describe how the replacement pr	imary residence meets the disability-rela): a that the primary purpose of the move to ements described in Part I.	
 A: 1. The claimant, spouse, or lega requirements identified in Part I 2. I certify (or declare) under pena replacement primary residence B: I certify (or declare) under penalty replacement primary residence is to the terminary residence is to terminary residence is t	AND AND alty of perjury under the laws of the State of California is to satisfy the identified disability-related require OR v of perjury under the laws of the State of California o alleviate the financial burdens caused by the disa	imary residence meets the disability-rela): a that the primary purpose of the move to ements described in Part I.	
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