

Larie Durham Calaveras County Assessor

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CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer their 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	se print)	
Patient's Name:	Date of disability:	
Description of patient's disability:		
Identify: (1) the specific reasons why the disability including any locational requirements, of a replace	necessitates a move to the replacement dwelling and (ement dwelling:	2) the disability-related requirements,
I am a licensed physician surgeon.	. My specialty is:CERTIFICATION	
I certify that in my medical opinion the abo	ove named patient does qualify as a disabled person acc	ording to the definition above.
PHYSICIAN'S SIGNATURE		DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER ()
II. TO BE COMPLETED BY CLAIMANT, CLAIMA	ANT'S SPOUSE OR LEGAL GUARDIAN (please print)	
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
С	ERTIFICATE OF DISABILITY (check A or B)	
A: 1. The claimant or spouse must describe identified in Part I (Part I must be con	e in their own words how the replacement dwelling meets mpleted by a physician):	s the disability-related requirements
	AND	
	perjury under the laws of the State of California that the identified disability-related requirements described in Pa	
B: I certify (or declare) under penalty of per replacement dwelling is to alleviate the fi	OR erjury under the laws of the State of California that the inancial burdens caused by the disability.	primary purpose of the move to the
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
CICNATUDE OF SPOUSE	()	DATE
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE
E-MAIL ADDRESS	I i i i i i i i i i i i i i i i i i i i	l

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

