

Gus Kramer County Assessor 2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

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)

_____ Date of disability: ____

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

Patient's Name: _

Description of patient's disability:

Identify: (1) the specific reasons why the disability necessitates a move to the replacement dwelling and (2) the disability-related requirements, including any locational requirements, of a replacement dwelling:

CEDTIFIC ATION

I am a licensed physician su

surgeon. My specialty is:

	CERTIFICATION	
I certify that in my medical opinion the	e above named patient does qualify as a disabled	l person according to the definition above.
PHYSICIAN'S SIGNATURE	DATE	
PHYSICIAN'S NAME (print or type)	DAYTIME PHONE NUMBER	
II. TO BE COMPLETED BY CLAIMANT, CL	AIMANT'S SPOUSE OR LEGAL GUARDIAN (p/	lease print)
IMANT'S NAME SPOUSE'S NAME		
ROPERTY ADDRESS AS		ASSESSOR'S PARCEL NUMBER
	CERTIFICATE OF DISABILITY (check A or B))
A: 1. The claimant or spouse must des identified in Part I (Part I must b)	scribe in their own words how the replacement dw be completed by a physician):	elling meets the disability-related requirements
	AND	
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 I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to the replacement dwelling is to satisfy the identified disability-related requirements described in Part I.

OR

B:	I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to the
	replacement dwelling is to alleviate the financial burdens caused by the disability.

SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
	()	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE
	()	
E-MAIL ADDRESS		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION