

County of Inyo Dave Stottlemyre, Assessor

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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:
Description of patient's disability:	
Identify: (1) the specific reasons why the disability nece related requirements, including any locational requirement	essitates a move to the replacement primary residence, and (2) the disability- ts, of a replacement primary residence:
	ecialty is:
	ERTIFICATION OF DISABILITY
SIGNATURE OF PHYSICIAN OR SURGEON	ned patient does qualify as a disabled person according to the definition above.
>	5.1.2
PHYSICIAN OR SURGEON'S NAME (print or type)	DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S S	
NAME OF CLAIMANT	NAME OF SPOUSE OR LEGAL GUARDIAN
PROPERTY ADDRESS	ASSESSOR'S PARCEL/ID NUMBER
CERTIFICATION OF DIS	SABILITY-RELATED REQUIREMENTS (check A or B)
☐ A: 1. The claimant, spouse, or legal guardian m requirements identified in Part I (Part I must	nust describe how the replacement primary residence meets the disability-relabe completed by a physician or surgeon):
	AND under the laws of the State of California that the primary purpose of the move to the identified disability-related requirements described in Part I.
B: I certify (or declare) under penalty of perjury unreplacement primary residence is to alleviate th	OR under the laws of the State of California that the primary purpose of the move to the financial burdens caused by the disability.
Please explain:	
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME
>	
DAYTIME PHONE NUMBER ()	DATE
EMAIL ADDRESS	