## **CERTIFICATE OF DISABILITY**

The claimant listed below has applied to transfer his or her 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)

Detient's Name:		
Patient's Name:	Date of disability:	
Description of patient's disability:		
Identify: (1) the specific reasons why the disability necessitates a move t including any locational requirements, of a replacement dwelling:	to the replacement dwelling	and (2) the disability-related requirements
I am a licensed physician surgeon. My specialty is:		
CERTIFIC	-	
I certify that in my medical opinion the above named patient does PHYSICIAN'S SIGNATURE	s quality as a disabled persor	DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR LE	EGAL GUARDIAN (please p	rint)
	SPOUSE'S NAME	, 
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFICATE OF DISA	BILITY (check A or B)	
A: 1. The claimant or spouse must describe in his or her own words identified in Part I ( <i>Part I must be completed by a physician</i> )	s how the replacement dwellin	ng meets the disability-related requirements
AND 2. I certify (or declare) under penalty of perjury under the laws replacement dwelling is to satisfy the identified disability-rela		
OR B: I certify (or declare) under penalty of perjury under the laws or replacement dwelling is to alleviate the financial burdens caused		at the primary purpose of the move to the
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
		DATE
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE



## Richard Ford County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453 Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293 Fax: 707-263-3703



