DE-19-DC	2-0522-22000106-1 (P1) REV. 02 (05-22)	A DE COUNT	Tammie Guen Mariposa Cou 4982 10th St P.O. Box 35 Mariposa, CA 953 Ph: (209) 966-233 Fax: (209) 966-57 tguenthart@marip	Inty Assessor 338 2 19
he claim x benefi he defin rth or l ajor life	CATE OF DISABILITY ant listed below has applied to transfer their t, a licensed physician or surgeon of appropriate ition of a severely and permanently disabled per by reason of accident or disease, that rest activities of that person, and that has been dia	te specialty must certify that the disa erson is, " any person who has a sults in a functional limitation as to agnosed as permanently affecting the	Monday-Friday:8a t primary residenc bility of the claiman a physical disability employment or su person's ability to	m-5pm e. In order to qualify for th nt is severe and permaner or impairment, whether fro bstantially limits one or mo function, including, but n
	any disability or impairment that affects sight, E COMPLETED BY A PHYSICIAN (please print		mbs." (Revenue and	Taxation Code section 74.3)
		·		
Patient's	Name:		Date of disability: _	
Descripti	on of patient's disability:			
	(1) the specific reasons why the disability nec equirements, including any locational requiremer			e, and (2) the disability-
l am a lic	censed 🔄 physician 🔄 surgeon. My sp	pecialty is:		
l am a lic		ERTIFICATION OF DISABILITY		
		ERTIFICATION OF DISABILITY		to the definition above.
1	CI	ERTIFICATION OF DISABILITY		to the definition above.
	Cl certify that in my medical opinion, the above-nar	ERTIFICATION OF DISABILITY	l person according	
I SIGNATUR PHYSICIAN	Cl certify that in my medical opinion, the above-nar E OF PHYSICIAN OR SURGEON N OR SURGEON'S NAME (print or type)	ERTIFICATION OF DISABILITY med patient does qualify as a disabled	l person according	DATE
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