9-DC-R02-0522-30000269-1 DE-19-DC (P1) REV. 02 (05-22)	STATE OF CRASH	Claude Parrish Orange County Assessor 500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 or P. O. Box 22000 Santa Ana, CA 92702-2000 (714) 834-2746	
ERTIFICATE OF DISABILITY ne claimant listed below has applied to transfer thei x benefit, a licensed physician or surgeon of appropria ne definition of a severely and permanently disabled per th or by reason of accident or disease, that res ajor life activities of that person, and that has been dia nited to, any disability or impairment that affects sight.	te specialty must certify that the erson is, " any person who h sults in a functional limitation as agnosed as permanently affecting	disability of the claima as a physical disability to employment or su he person's ability to	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
. TO BE COMPLETED BY A PHYSICIAN (please prin	<i>t</i>)		
Patient's Name:		Date of disability: _	
Description of patient's disability:			
dentify: (1) the specific reasons why the disability neo related requirements, including any locational requireme			e, and (2) the disability-
am a licensedphysiciansurgeon. My sp	pecialty is:		
с	ERTIFICATION OF DISABILITY		
I certify that in my medical opinion, the above-na	med patient does qualify as a disa	bled person according	
SIGNATURE OF PHYSICIAN OR SURGEON			DATE
PHYSICIAN OR SURGEON'S NAME (print or type)			DAYTIME PHONE NUMBER
	SPOUSE, OR LEGAL GUARDIA	u , ,	
I. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S JAME OF CLAIMANT	NAME OF SPOUSE O	R LEGAL GUARDIAN	
	NAME OF SPOUSE O		R'S PARCEL/ID NUMBER
NAME OF CLAIMANT		ASSESSO	R'S PARCEL/ID NUMBER
NAME OF CLAIMANT	ISABILITY-RELATED REQUIREN	ASSESSO	
 CERTIFICATION OF DI A: 1. The claimant, spouse, or legal guardian requirements identified in Part I (Part I mus) 2. I certify (or declare) under penalty of perjuir replacement primary residence is to satisfy 	ISABILITY-RELATED REQUIREN must describe how the replacen it be completed by a physician or s AND ry under the laws of the State of C y the identified disability-related OR	ASSESSO IENTS (check A or B) nent primary residenc urgeon): California that the prima requirements describe	e meets the disability-relate any purpose of the move to the ed in Part I.
 CERTIFICATION OF DI CERTIFICATION OF DI A: 1. The claimant, spouse, or legal guardian requirements identified in Part I (<i>Part I mus</i>) 2. I certify (or declare) under penalty of perjuit replacement primary residence is to satisfy B: I certify (or declare) under penalty of perjuit replacement primary residence is to alleviate in the set of t	ISABILITY-RELATED REQUIREN must describe how the replacen it be completed by a physician or s AND ry under the laws of the State of C y the identified disability-related OR	ASSESSO IENTS (check A or B) nent primary residenc urgeon): California that the prima requirements describe	e meets the disability-relate any purpose of the move to the ed in Part I.
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CERTIFICATION OF D CERTIFICATIO	ISABILITY-RELATED REQUIREN must describe how the replacent t be completed by a physician or s AND ry under the laws of the State of Co the identified disability-related OR under the laws of the State of Co the financial burdens caused by	ASSESSO	e meets the disability-relate any purpose of the move to the ed in Part I.
CERTIFICATION OF D CERTIFICATIO	ISABILITY-RELATED REQUIREN must describe how the replacent t be completed by a physician or s AND ry under the laws of the State of Co the identified disability-related OR under the laws of the State of Co the financial burdens caused by	ASSESSO	e meets the disability-rela my purpose of the move to ed in Part I. my purpose of the move to

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