## **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)

CERTIFICATION I certify that in my medical opinion the above named patient does qualify as a dis	-	(2) the disability-related requirements
I am a licensedphysiciansurgeon. My specialty is: CERTIFICATION I certify that in my medical opinion the above named patient does qualify as a dis	-	(2) the disability-related requirements
CERTIFICATION I certify that in my medical opinion the above named patient does qualify as a dis	abled person acc	
	abled person acc	
	abled person acc	
		DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR LEGAL GUARDIA	N (please print)	
CLAIMANT'S NAME SPOUSE'S NAME		
PROPERTY ADDRESS	/	ASSESSOR'S PARCEL NUMBER
CERTIFICATE OF DISABILITY (check	A or B)	
A: 1. The claimant or spouse must describe in his or her own words how the replace identified in Part I ( <i>Part I must be completed by a physician</i> ):		eets the disability-related requirements
AND 2. I certify (or declare) under penalty of perjury under the laws of the State of replacement dwelling is to satisfy the identified disability-related requirement OR B: I certify (or declare) under penalty of perjury under the laws of the State of 0	s described in Pa	art I.
replacement dwelling is to alleviate the financial burdens caused by the disabili	<i>y.</i> PHONE NUMBER	
DATHIVE OF CLAIMANT		
	, HONE NUMBER	DATE







Joaquín Torres Assessor-Recorder 1 Dr. Carlton B. Goodlett Place City Hall - Room 190 San Francisco, CA 94102-4698